

FIG. 1

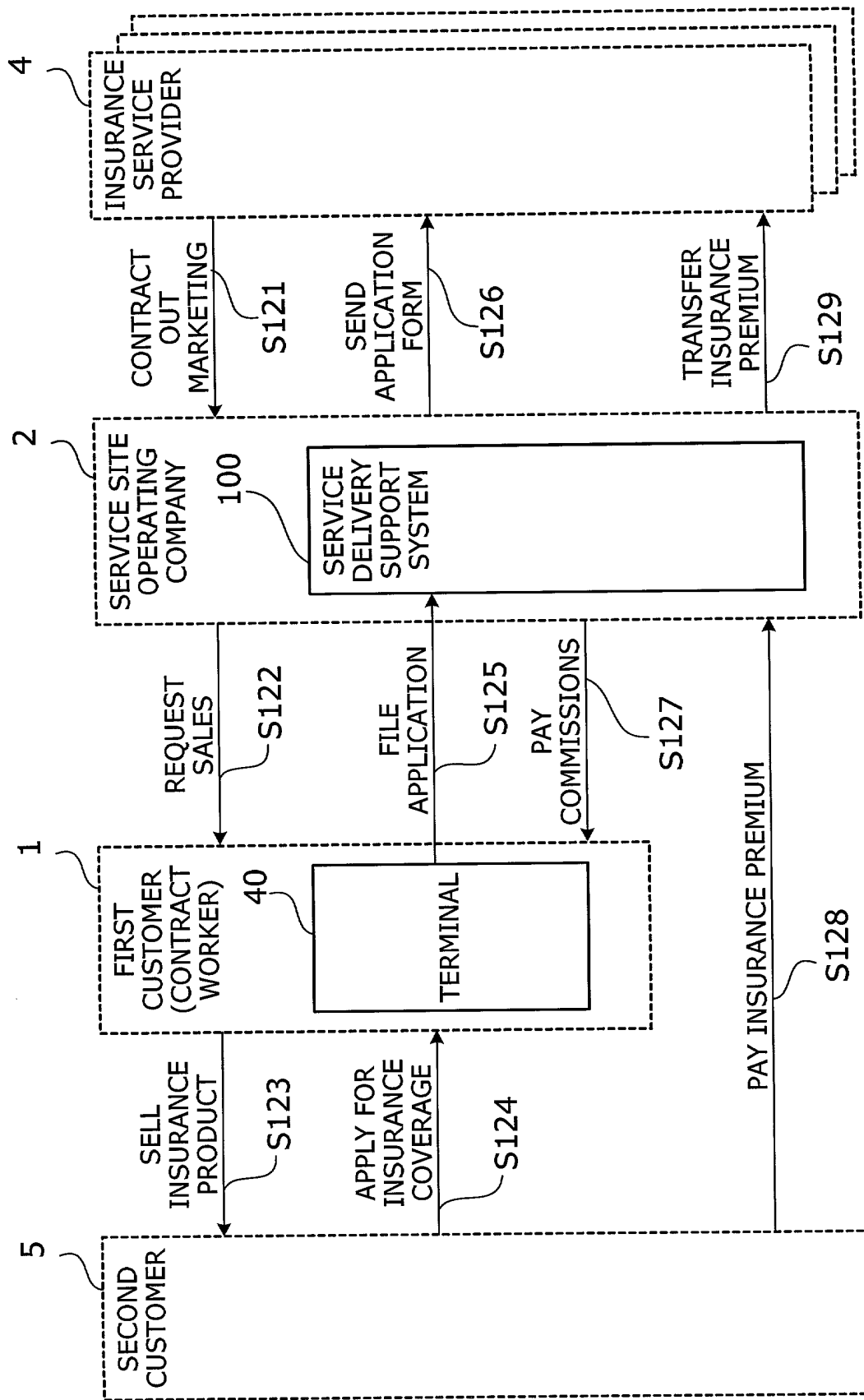


FIG. 2

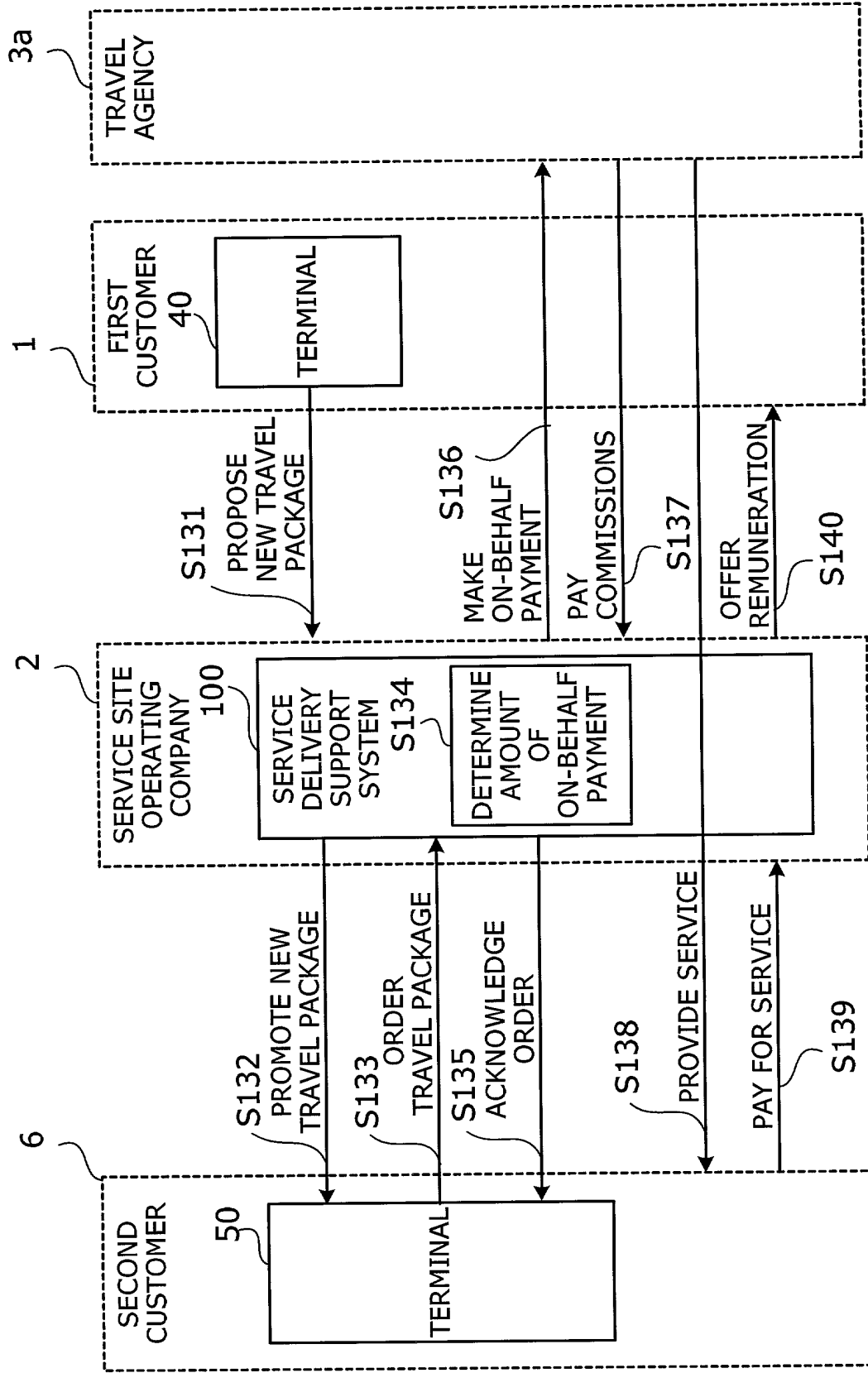


FIG. 3

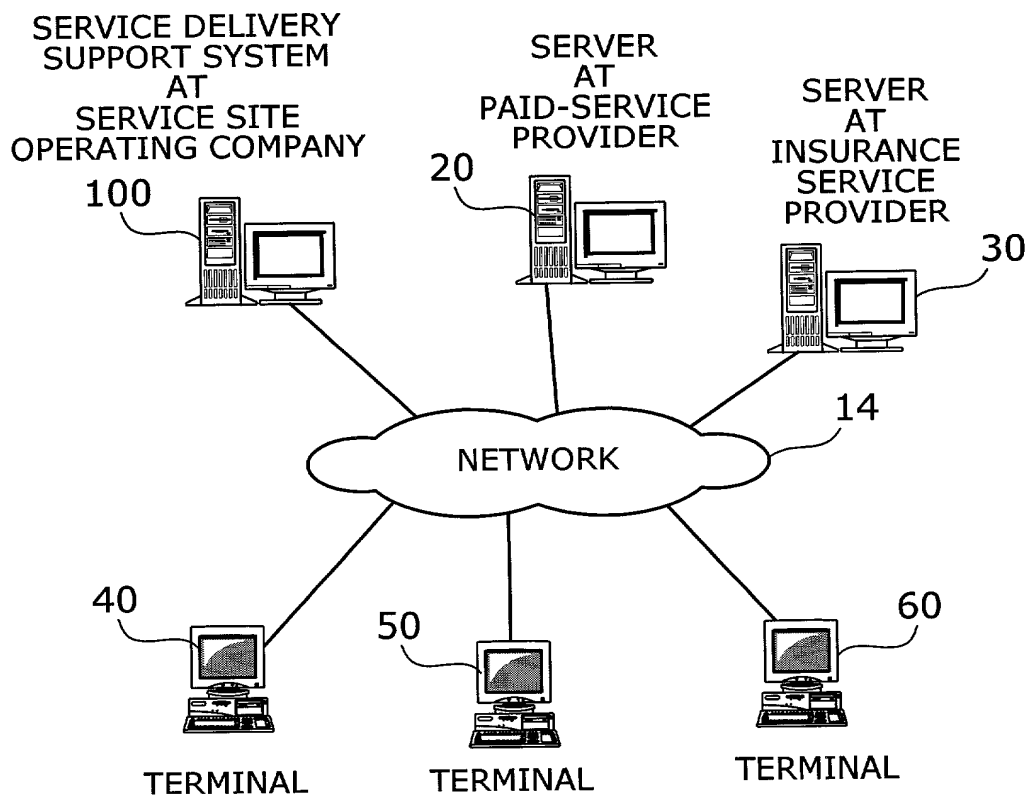


FIG. 4

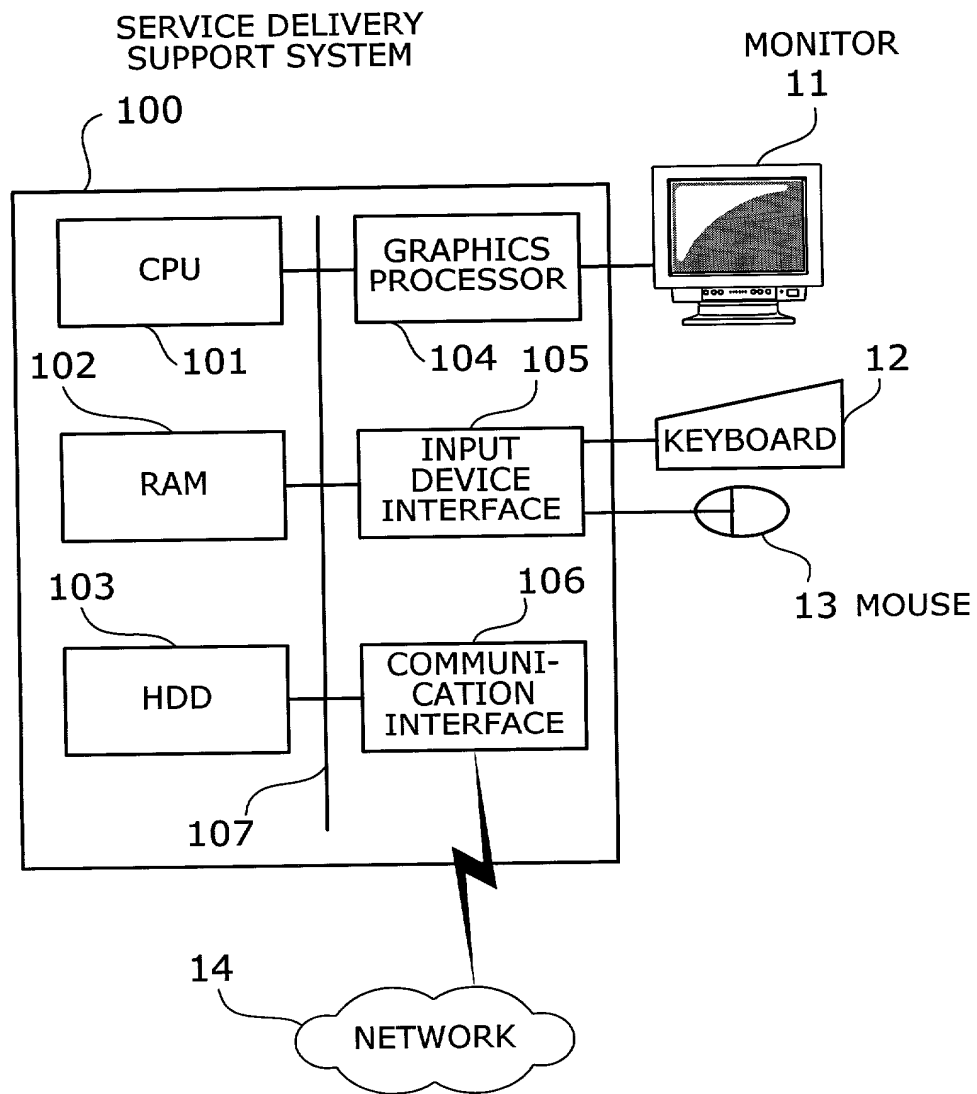


FIG. 5

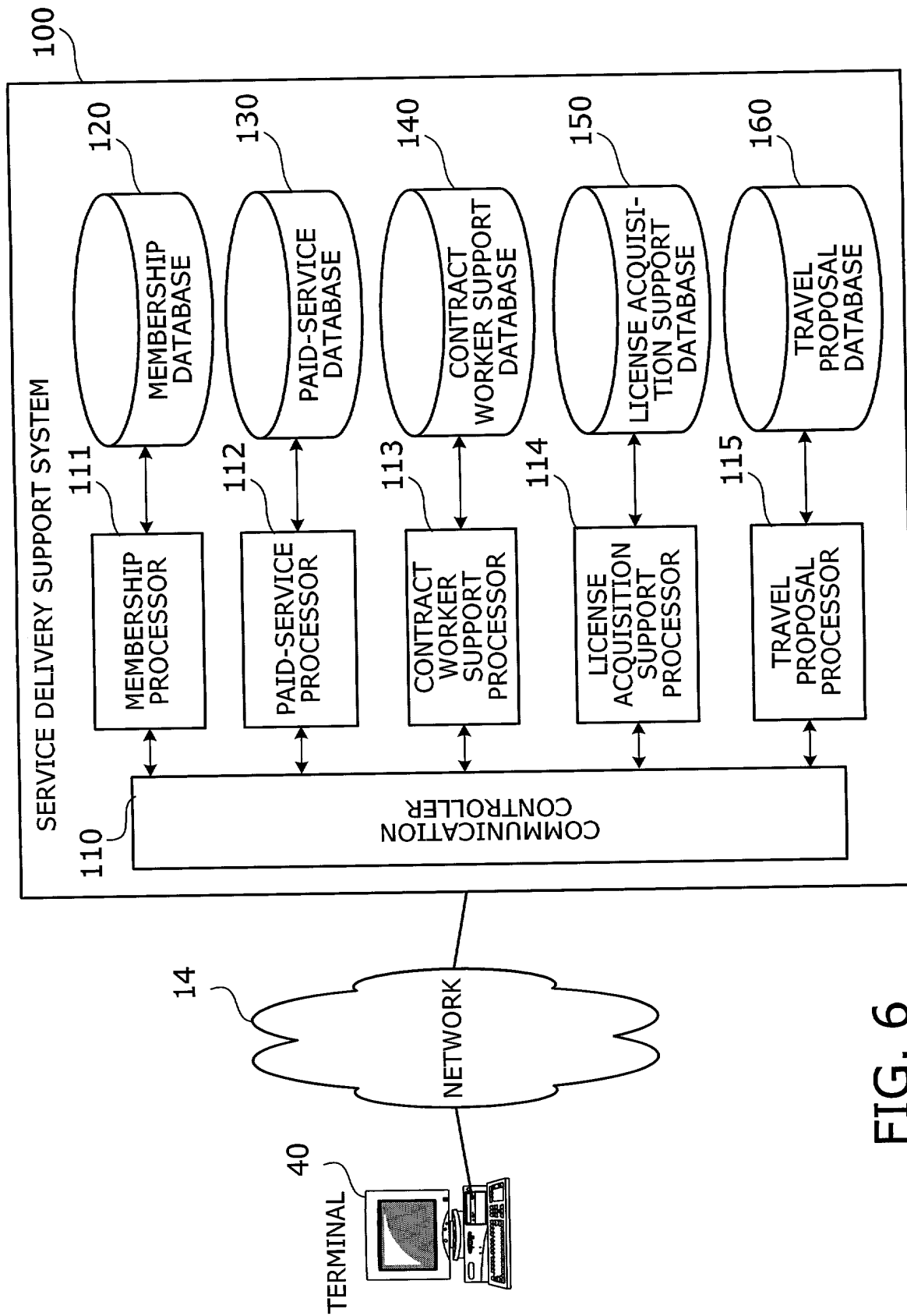


FIG. 6

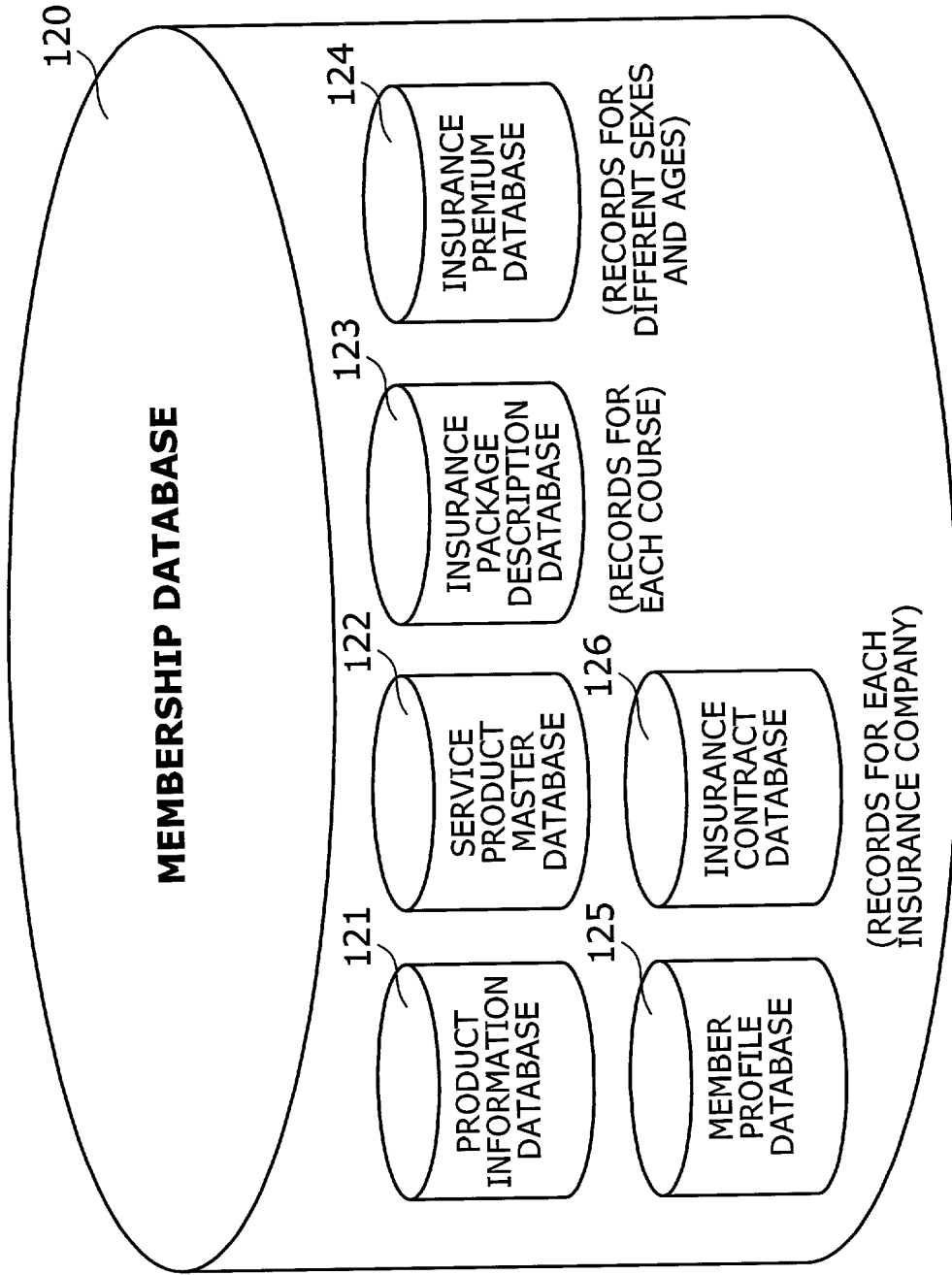


FIG. 7

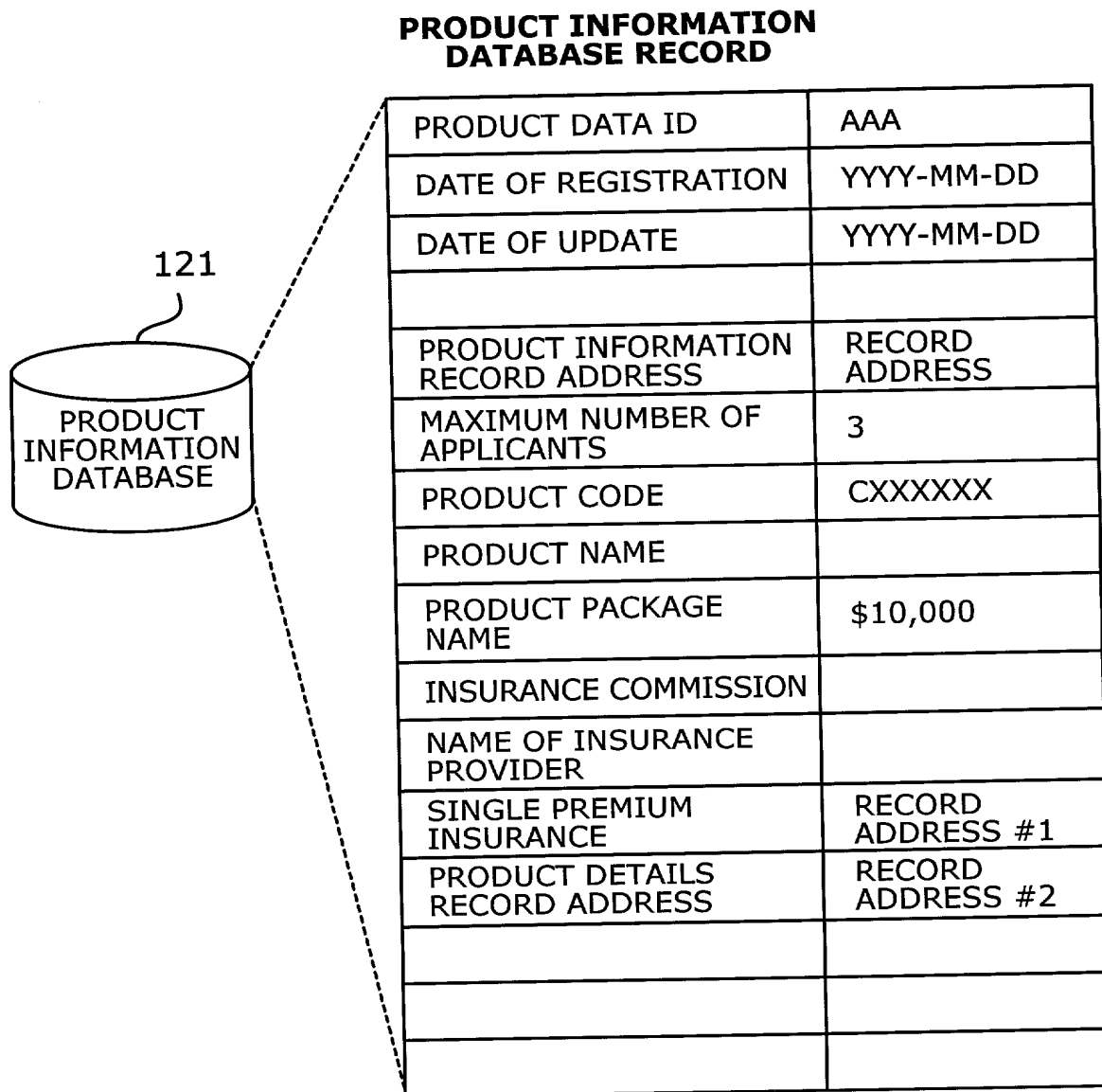


FIG. 8

MEMBER PROFILE DATABASE RECORD

MEMBER ID	C99999999
DATE OF REGISTRATION	YYYY-MM-DD
DATE OF UPDATE	YYYY-MM-DD
MEMBER NAME	JOHN DOE
BASIC DATA (SEX)	MALE
(DATE OF BIRTH)	C99999999
(ADDRESS)	123-4 SHNAGAWA, ...
(ZIP CODE)	999-9999
(FAMILY)	MARRIED, 2
(FAVORITES)	TRAVELING
E-MAIL ADDRESS	
PURCHASED INSURANCE PRODUCT	SINGLE PREMIUM \$30,000
INSURANCE CONTRACT DATA	RECORD ADDRESS
NUMBER OF OTHER INSURANCE PURCHASES	12
PAID-SERVICE USAGE STATUS	YES/NO
PAID-SERVICE TRACK RECORD	21
ALLOWED AMOUNT OF ON-BEHALF PAYMENTS (TOTAL)	999,999,999
ON-BEHALF PAYMENT BALANCE	100,000
ON-BEHALF PAYMENT STATUS	0: NO PAYMENT DUE 1: PAYMENT DUE 2: SERVICE DONE 3: PAID
CREDITWORTHINESS	PAID-UP SINGLE INSURANCE PREMIUM
MANAGEMENT DATA #1	RECORD ADDRESS
MEMBERSHIP CLASSIFICATION	0: PROVISIONAL 1: REGULAR 2: PARTNERSHIP
BUSINESS PARTNERSHIP REG.	YES/NO
LICENSE REGISTRATION	YES/NO
CONTRACT WORK REG.	YES/NO
MANAGEMENT DATA #2	RECORD ADDRESS
PARTICIPATION IN LICENSE ACQUISITION SUPPORT PROGRAM	YES/NO
MANAGEMENT DATA #3	RECORD ADDRESS
TRAVEL PROPOSAL STATUS	YES/NO
MANAGEMENT DATA #4	RECORD ADDRESS

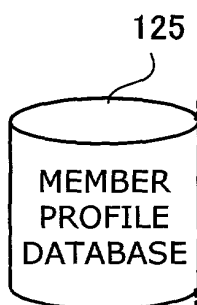


FIG. 9

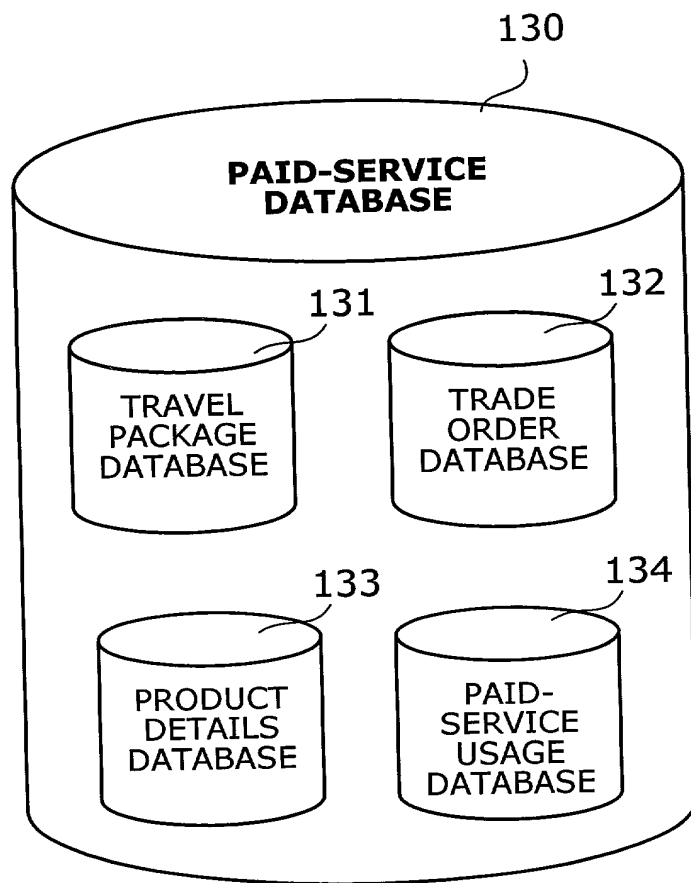


FIG. 10

TRAVEL PACKAGE DATABASE RECORD

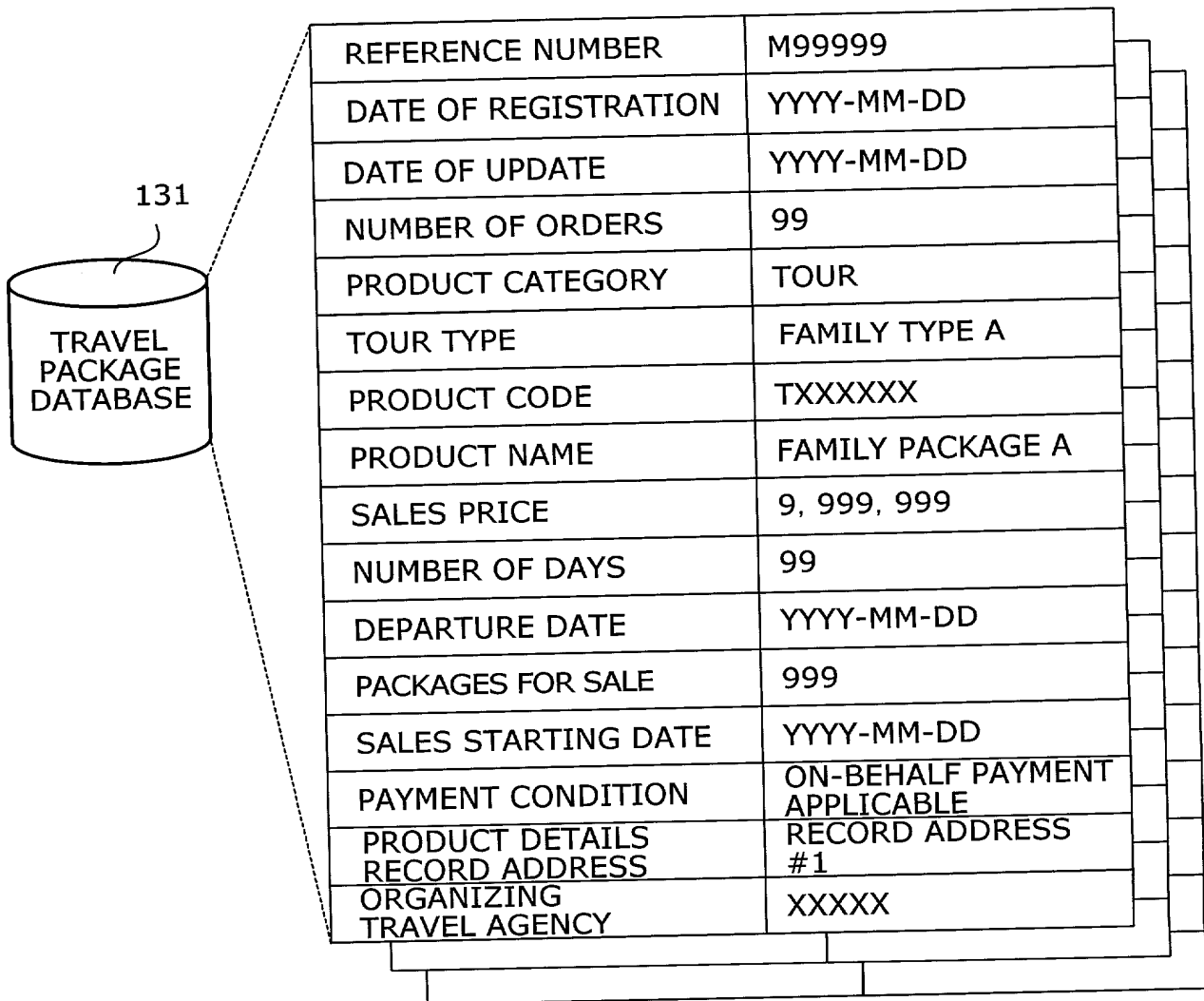


FIG. 11

FIG. 12

132

TRADE ORDER DATABASE

DATE OF ACCEPTANCE	TRANSACTION ID	YYYY-MM-DD
CUSTOMER CODE	CUSTOMER TYPE CODE	T999999
PRODUCT NAME		PURCHASE ORDER
PRODUCT CODE		C999999999
PRODUCT NAME		JOHN DOE
PRODUCT PRICE		PRODUCT ID
PROGRESS STATUS		FAMILY PACKAGE A
PAYMENT CONDITION (PAYMENT METHOD)		9. 999. 999
CONFIRMATION CODE		CREDIT CHECKED
DATE OF ISSUANCE		ON-BEHALF PAYMENT (LATER, MONEY XFR)
SCHEDULED DEPT DATE		R999999
:		YYYY-MM-DD
:		YYYY-MM-DD
:		:

- NEW CONTRACT
- ADDITIONAL CONTRACT
- PURCHASE ORDER
- BOOKING OF LICENSE ACQUISITION COURSE
- TRAVEL PROPOSAL

- ON-BEHALF PAYMENT (PAY LATER BY MONEY TRANSFER)
- ON-BEHALF PAYMENT (PAY LATER USING CONTRACTOR LOAN)
- ON-BEHALF PAYMENT (PAY LATER, CHOOSE TIME)
- ON-BEHALF PAYMENT (USE AUTOMATIC LOAN)
- ON-BEHALF PAYMENT (USE CREDIT CARD)

FIG. 12

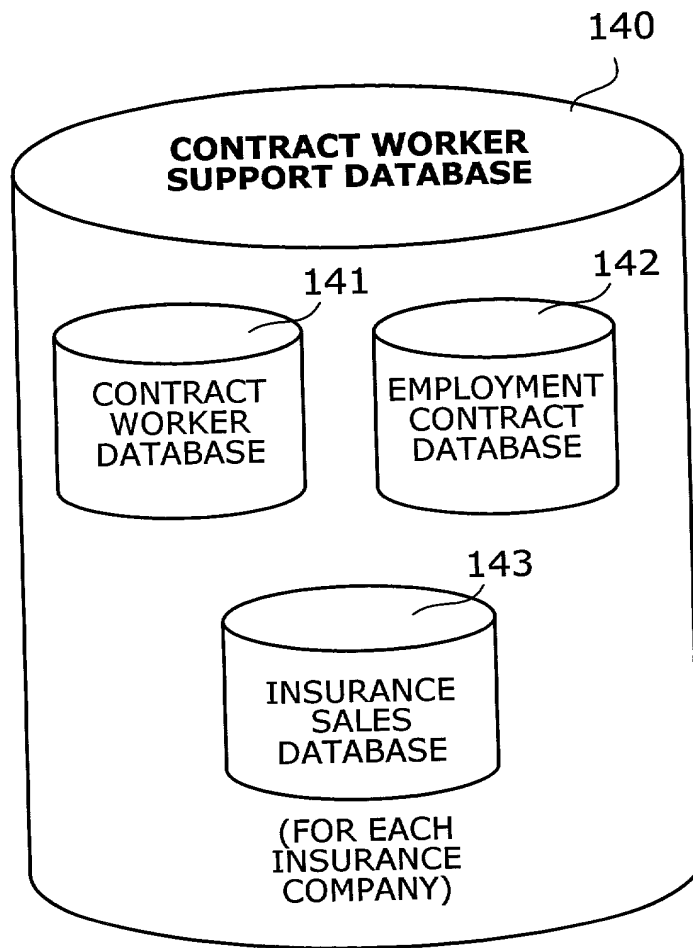


FIG. 13

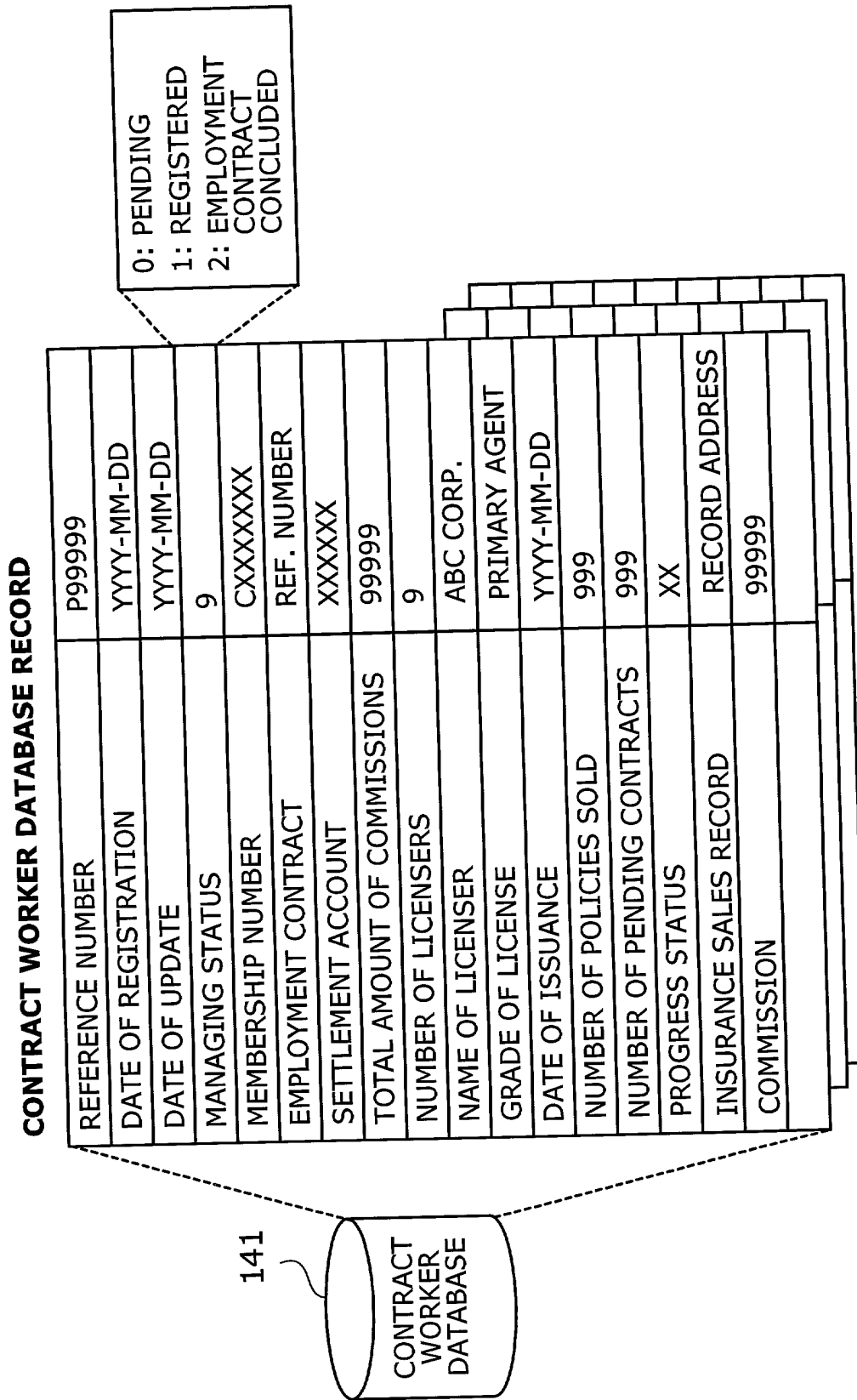
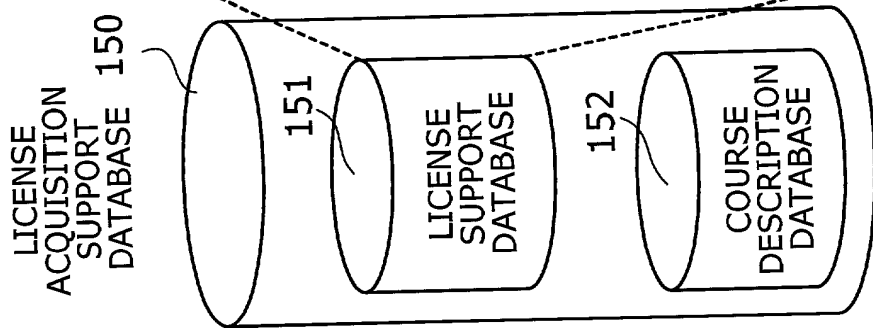


FIG. 14



LICENSE SUPPORT DATABASE RECORD

REFERENCE NUMBER	M9999
DATE OF REGISTRATION	YY-YY-MM-DD
DATE OF UPDATE	YY-YY-MM-DD
NUMBER OF REGISTRANTS	3
PRODUCT CATEGORY	LICENSE ACQUISITION COURSE
COURSE GRADE	PRIMARY
PRODUCT CODE	SXXXXXX
PRODUCT NAME	INSURANCE AGENT LICENSE COURSE
SALES PRICE	999, 999
NUMBER OF DAYS	99
STARTING DATE	YY-YY-MM-DD
MAX REGISTRANTS	999
REGISTRATION START DATE	YY-YY-MM-DD
PAYMENT CONDITION	AUTOMATIC LOAN SERVICE APPLICABLE
PRODUCT DETAILS RECORD ADDRESS	RECORD ADDRESS #1
COURSE ORGANIZER	XXXXX

- AUTOMATIC LOAN
- ON-BEHALF PAYMENT
- CREDIT
- AUTOMATIC LOAN PLUS CREDIT CARD

FIG. 15

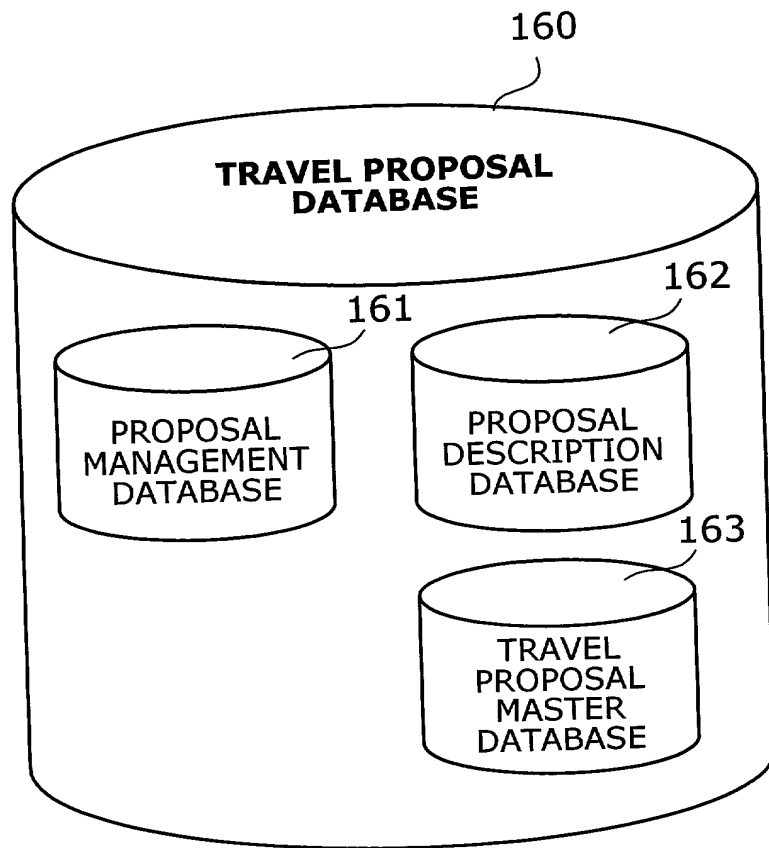
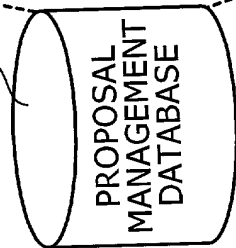


FIG. 16

PROPOSAL MANAGEMENT DATABASE RECORD

REFERENCE NUMBER	P99999
DATE OF REGISTRATION	YYYY-MM-DD
DATE OF UPDATE	YYYY-MM-DD
NUMBER OF REGISTRANTS	
PRODUCT CATEGORY	
TOUR TYPE	
PRODUCT NAME	
SALES PRICE	\$999, 999
NUMBER OF DAYS	99
STARTING DATE	YYYY-MM-DD
MAXIMUM REGISTRANTS	999
PAYMENT CONDITION	AUTOMATIC LOAN SERVICE APPLICABLE
PROPOSAL DETAILS STORAGE ADDRESS	RECORD ADDRESS #1

161



- AUTOMATIC LOAN
- ON-BEHALF PAYMENT
- CREDIT
- AUTOMATIC LOAN
PLUS CREDIT CARD

FIG. 17

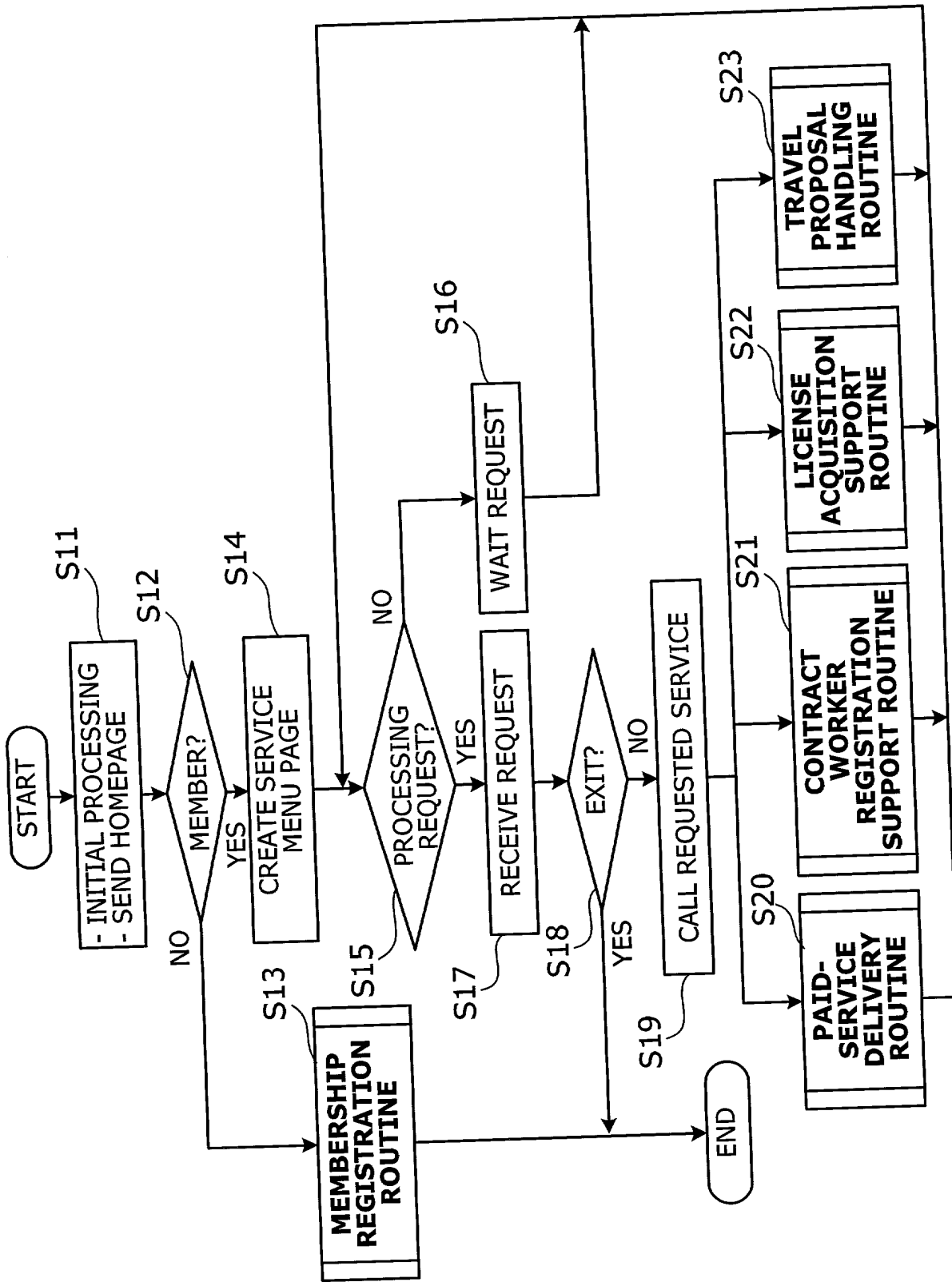


FIG. 18

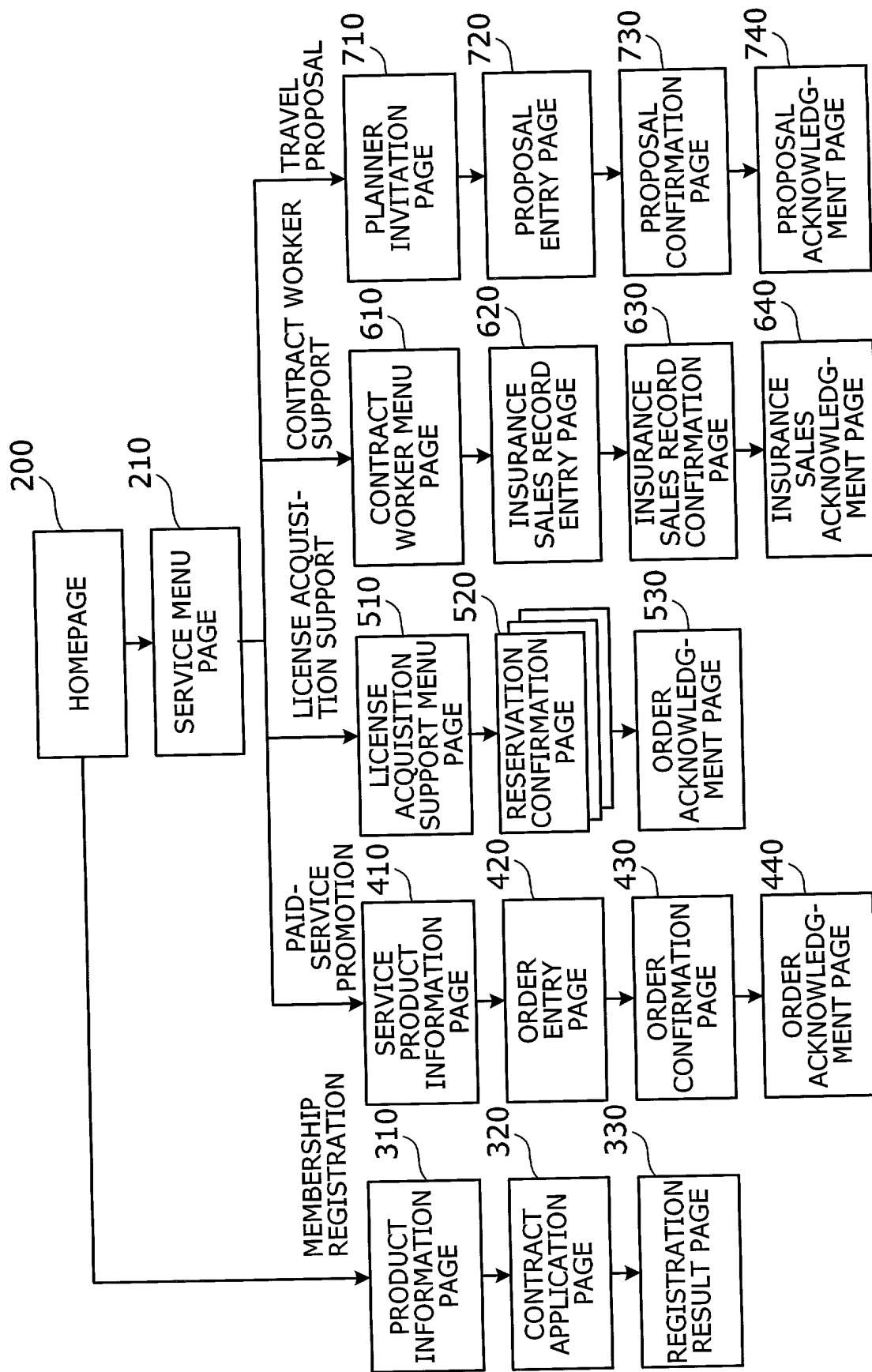


FIG. 19

200

LIFE INSURANCE SERVICE SITE

VISITORS:

Welcome to our service site. If this is your first visit, please read the following description of our service.

Our goal is to provide ...

Click here to become a member.

REGISTERED MEMBERS:

Your Member ID:

Your Password:

OK

CANCEL

201

202

203

204

205

206

FIG. 20

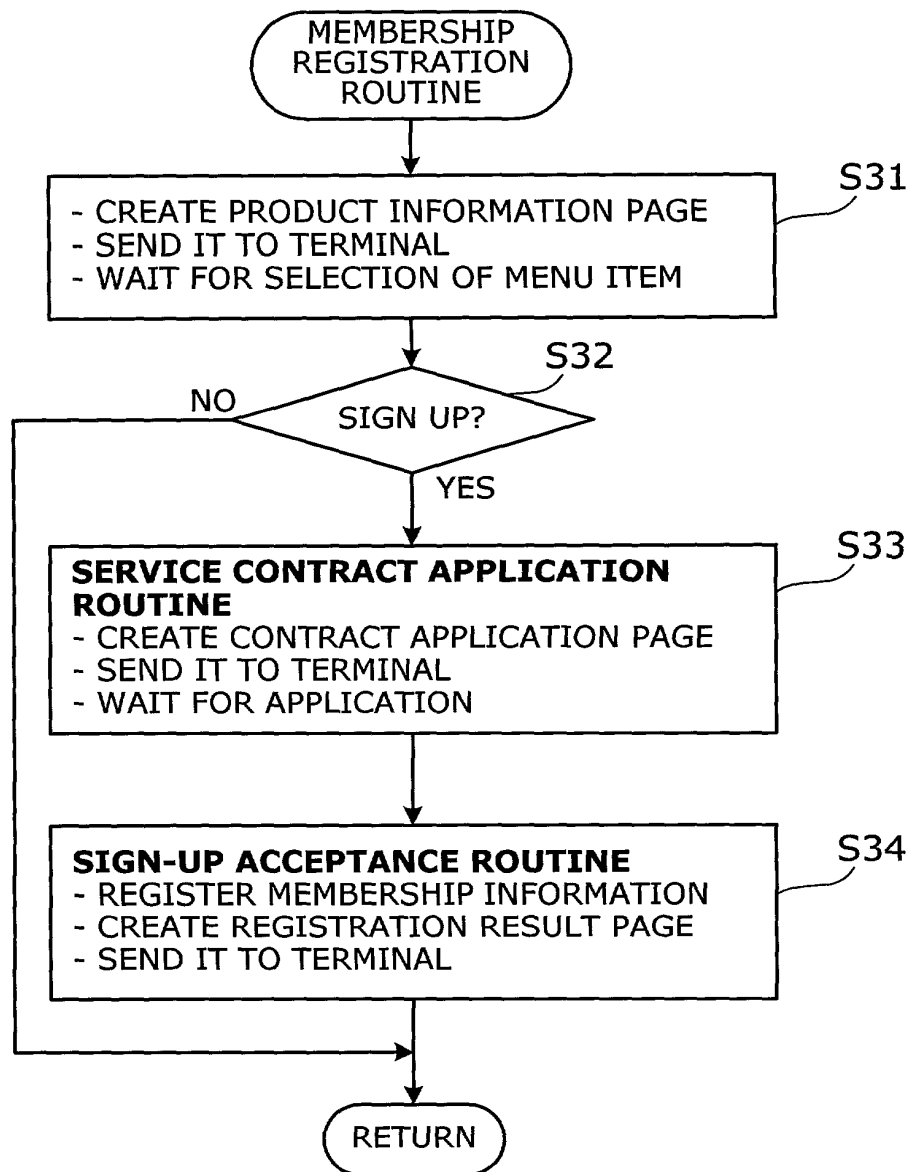



FIG. 21

310

311


LIFE INSURANCE PRODUCT INFORMATION

If you are interested in our offer, select the following and press SELECT button.

If not, click this button  to exit.

312

SEX ☒ MALE ☐ FEMALE

AGE  50

313

314

INSURANCE PACKAGE

☐ \$10,000 SINGLE PREMIUM

☐ \$20,000 SINGLE PREMIUM

☒ \$30,000 SINGLE PREMIUM

315

VIEW DETAILS

VIEW DETAILS

VIEW DETAILS

316

HOME

317

SELECT

FIG. 22

320

321

322

323

324

325

INSURANCE APPLICATION PAGE

We need your personal information to proceed with the application.

FIRST NAME:

LAST NAME:

SEX: ☒ MALE ☐ FEMALE

YOU ARE: ☒ MARRIED ☐ NOT MARRIED

DATE OF BIRTH: (YYYY-MM-DD) - -

YOUR FAMILY HAS: MEMBERS

HOME ADDRESS:

ZIP CODE:

SELECTED PACKAGE

You are applying for the following package.

INSURANCE PACKAGE: \$30,000 SINGLE PREMIUM

SEX: MALE

AGE: 50s

PREMIUM: \$99,999

BACK

OK

FIG. 23

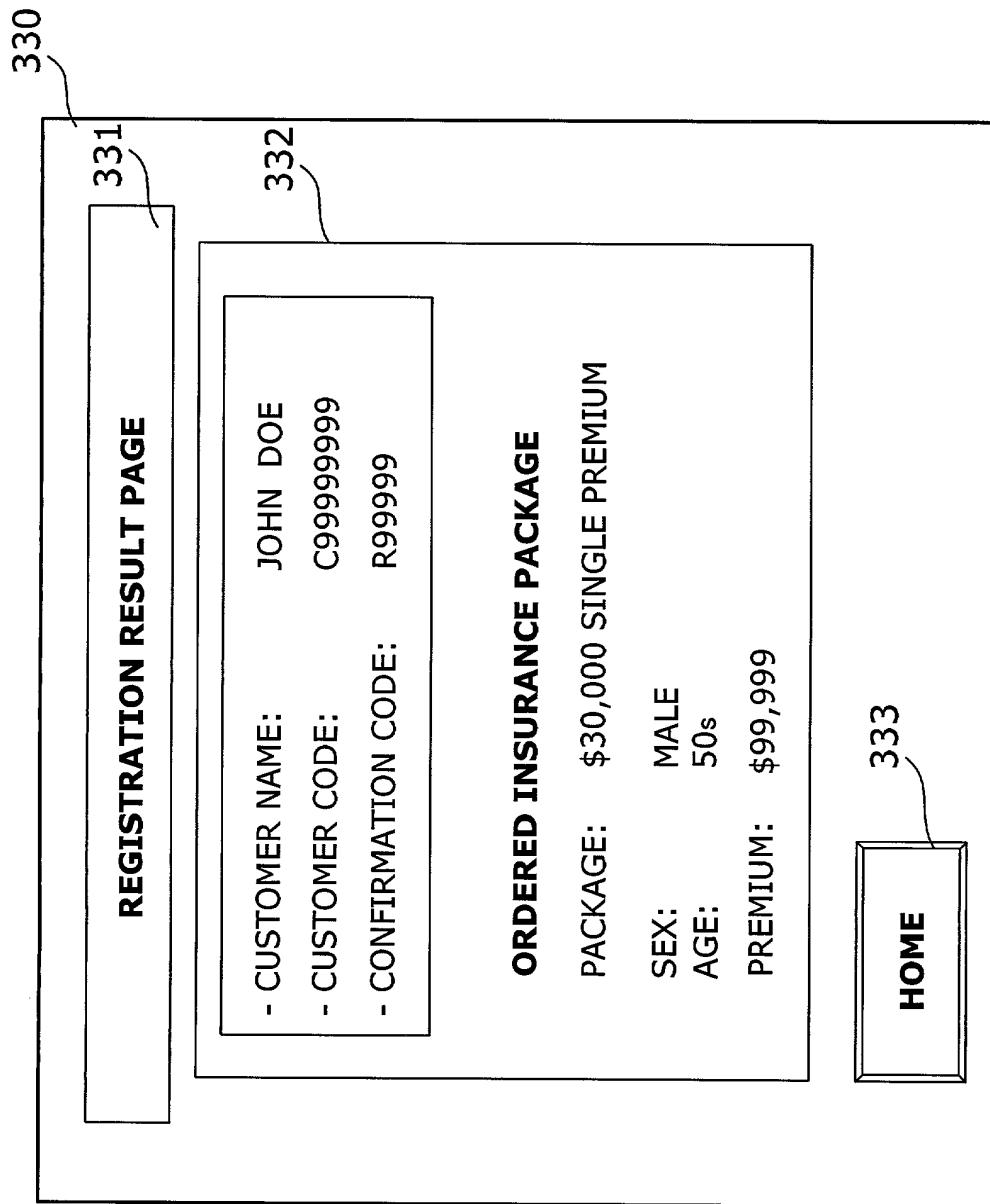


FIG. 24

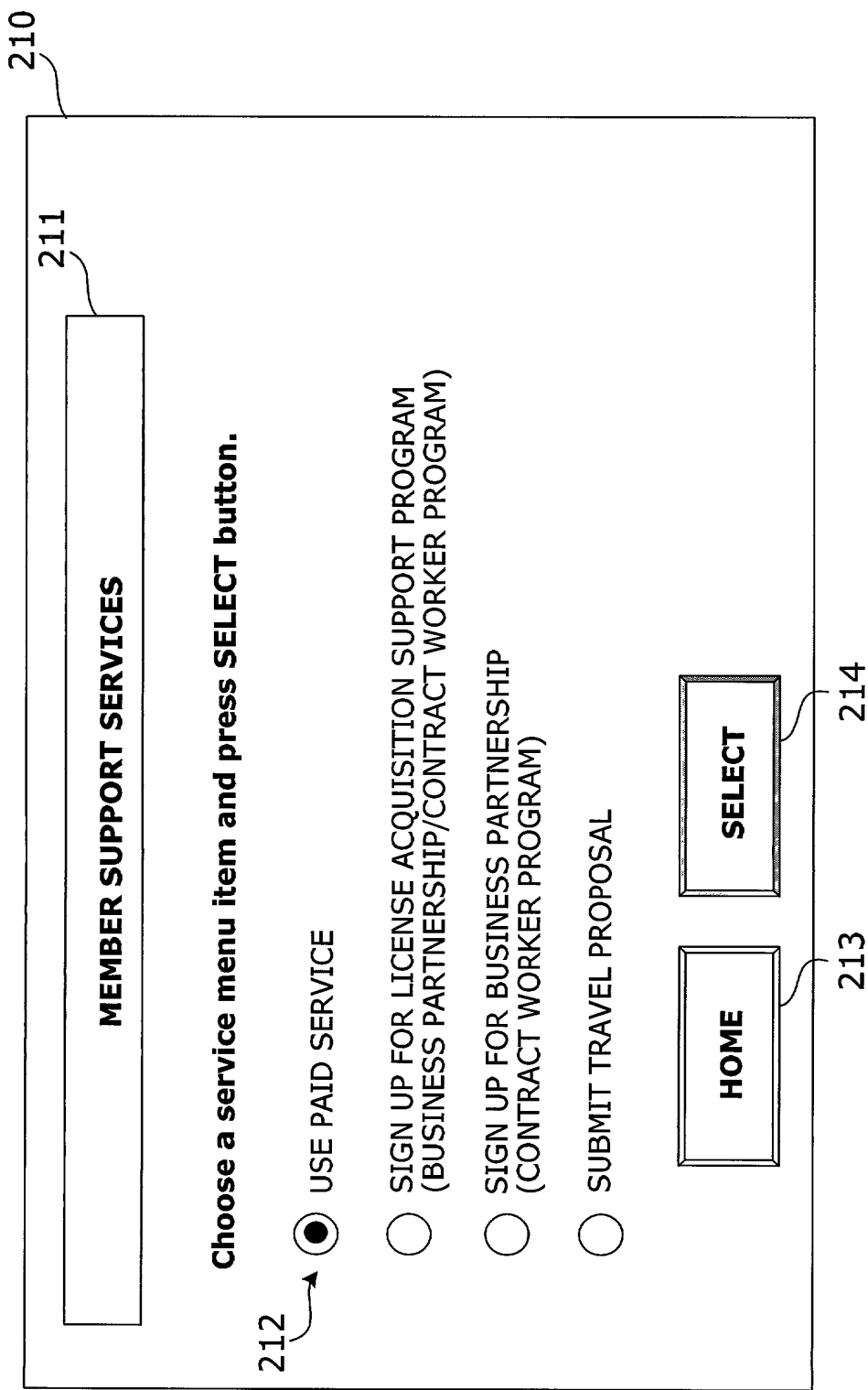


FIG. 25

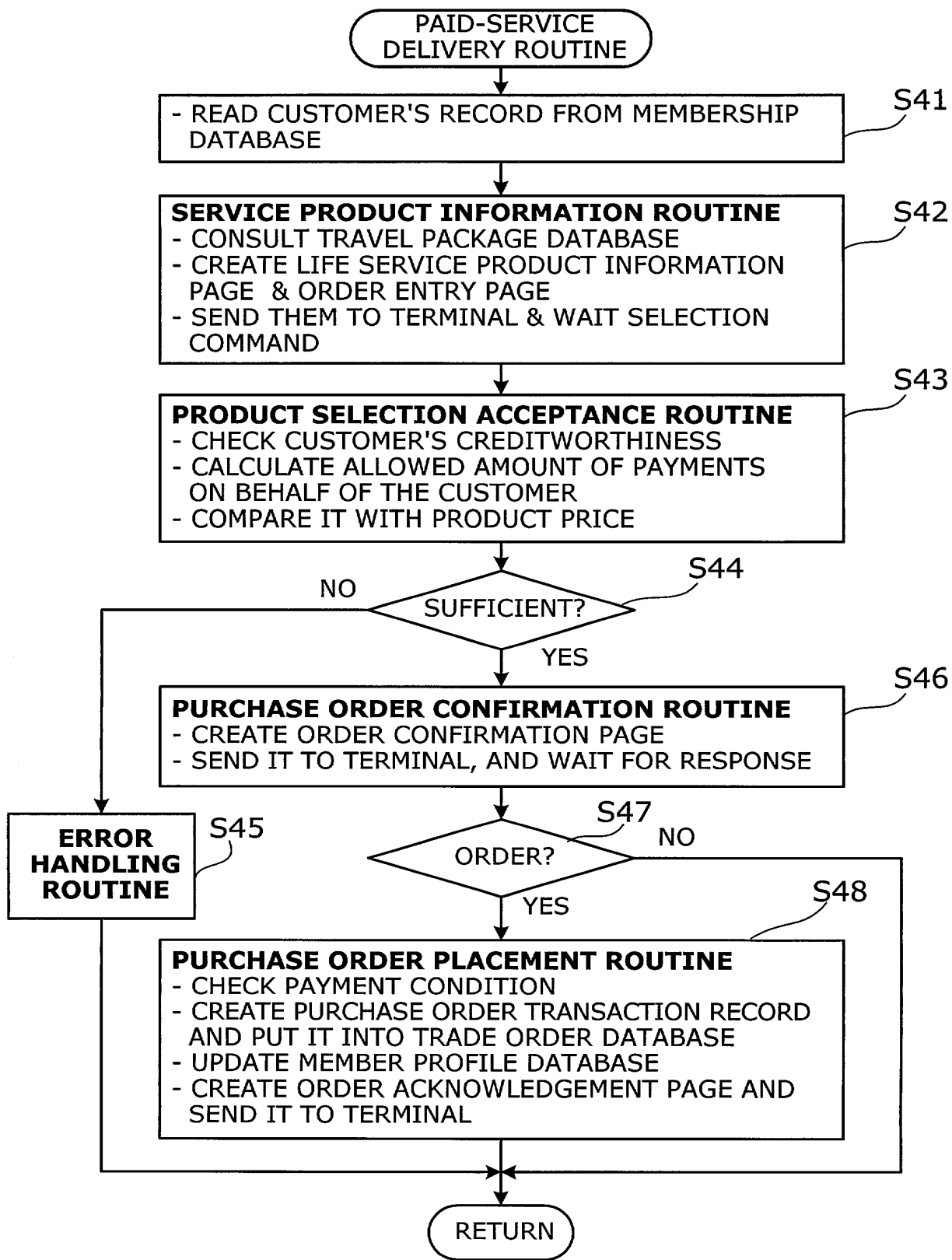


FIG. 26

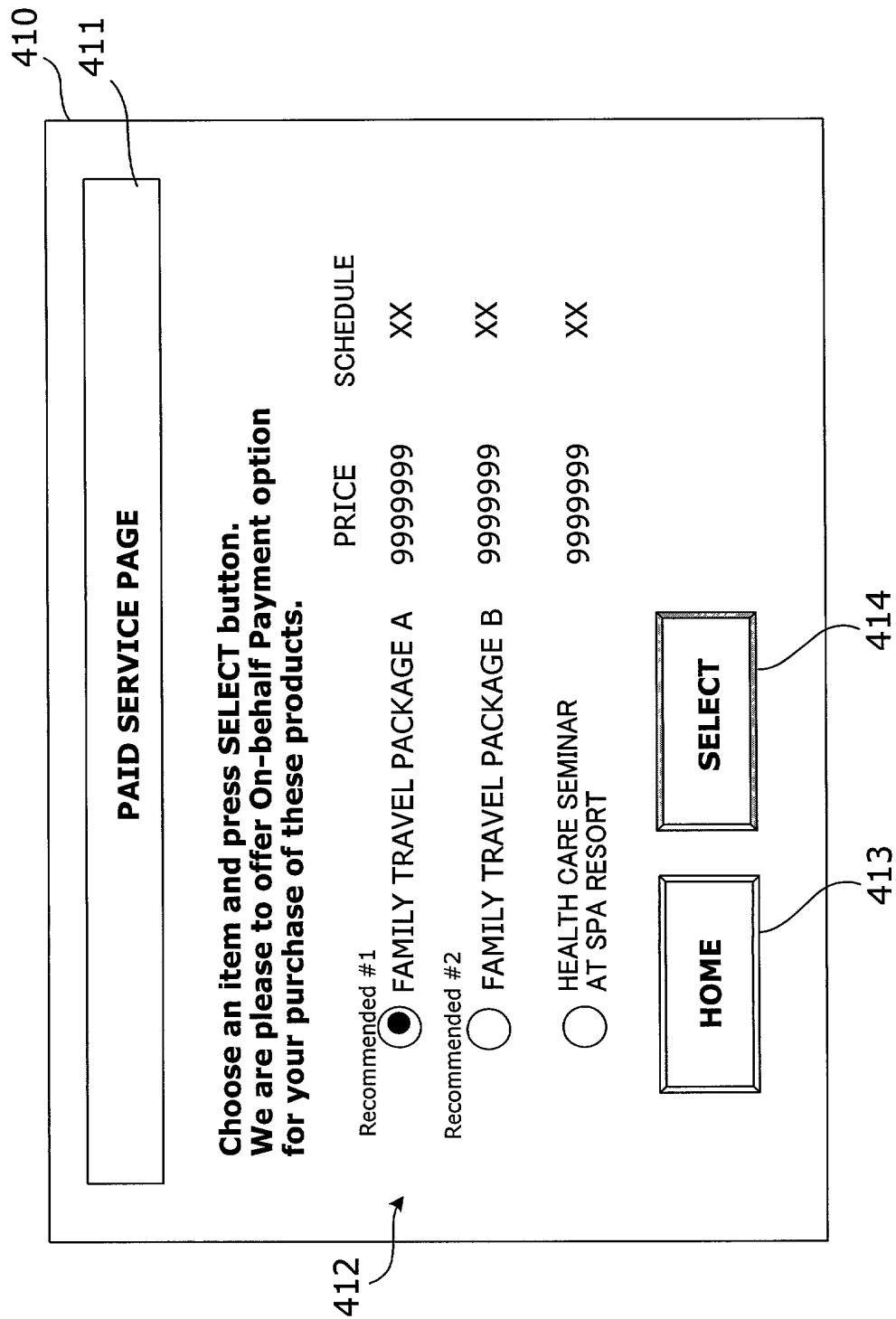


FIG. 27

420

421

ORDER ENTRY PAGE

PRODUCT NAME	PRICE	DEPARTURE DATE	NUMBER OF NIGHTS
FAMILY TRAVEL PACKAGE A	\$99,999	MM-DD	3
(ALLOWED ON-BEHALF PAYMENTS \$99,999)			

422

Give us your desired departure date and payment method.

423

DESIRED DEPT. DATE: - -

(YYYY-MM-DD)

DESIRED PAYMENT METHOD:

424

☒ ON-BEHALF PAYMENT
(LATER PAYMENT BY MONEY TRANSFER)

☐ ON-BEHALF PAYMENT
(LATER PAYMENT WITH CONTRACTOR LOAN SERVICE)

☐ ON-BEHALF PAYMENT
(LATER PAYMENT METHOD OF YOUR CHOICE)

425

OK

FIG. 28

430

431

PURCHASE ORDER CONFIRMATION PAGE

Confirm your order and payment condition.

432

PRODUCT NAME	PRICE	DEPARTURE DATE	NUMBER OF NIGHTS
--------------	-------	----------------	------------------

FAMILY TRAVEL PACKAGE A	\$99, 999	MM-DD	3
-------------------------	-----------	-------	---

433

PAYMENT CONDITION

- PAYMENT METHOD: ON-BEHALF PAYMENT
(LATER PAYMENT BY MONEY TRANSFER)
- AMOUNT OF PAYMENT: \$99,999

434

OK

435

CANCEL

FIG. 29

440

441

442

ORDER ACKNOWLEDGMENT PAGE

Thank you, John.
We have accepted your purchase order.

- CUSTOMER NAME: JOHN DOE

- CUSTOMER CODE: C999999999

- CONFIRMATION CODE: R99999

- PRODUCT BOOKED: FAMILY TRAVEL PACKAGE A

- PRODUCT PRICE: \$99,999

- PAYMENT METHOD: ON-BEHALF PAYMENT (LATER PAYMENT BY MONEY TRANSFER)

- SCHEDULED DEPARTURE: YYYY-MM-DD

BACK TO MENU

443

FIG. 30

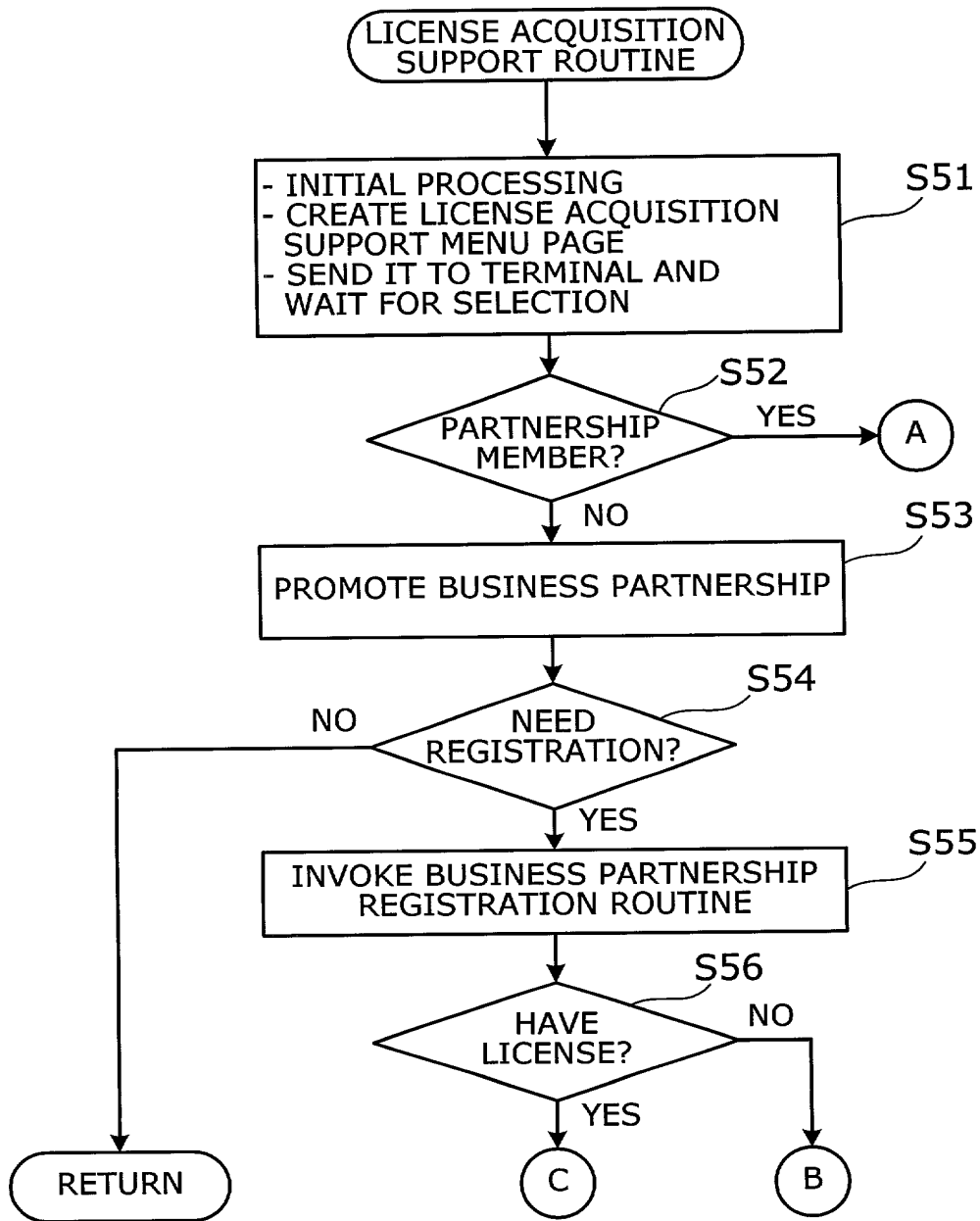
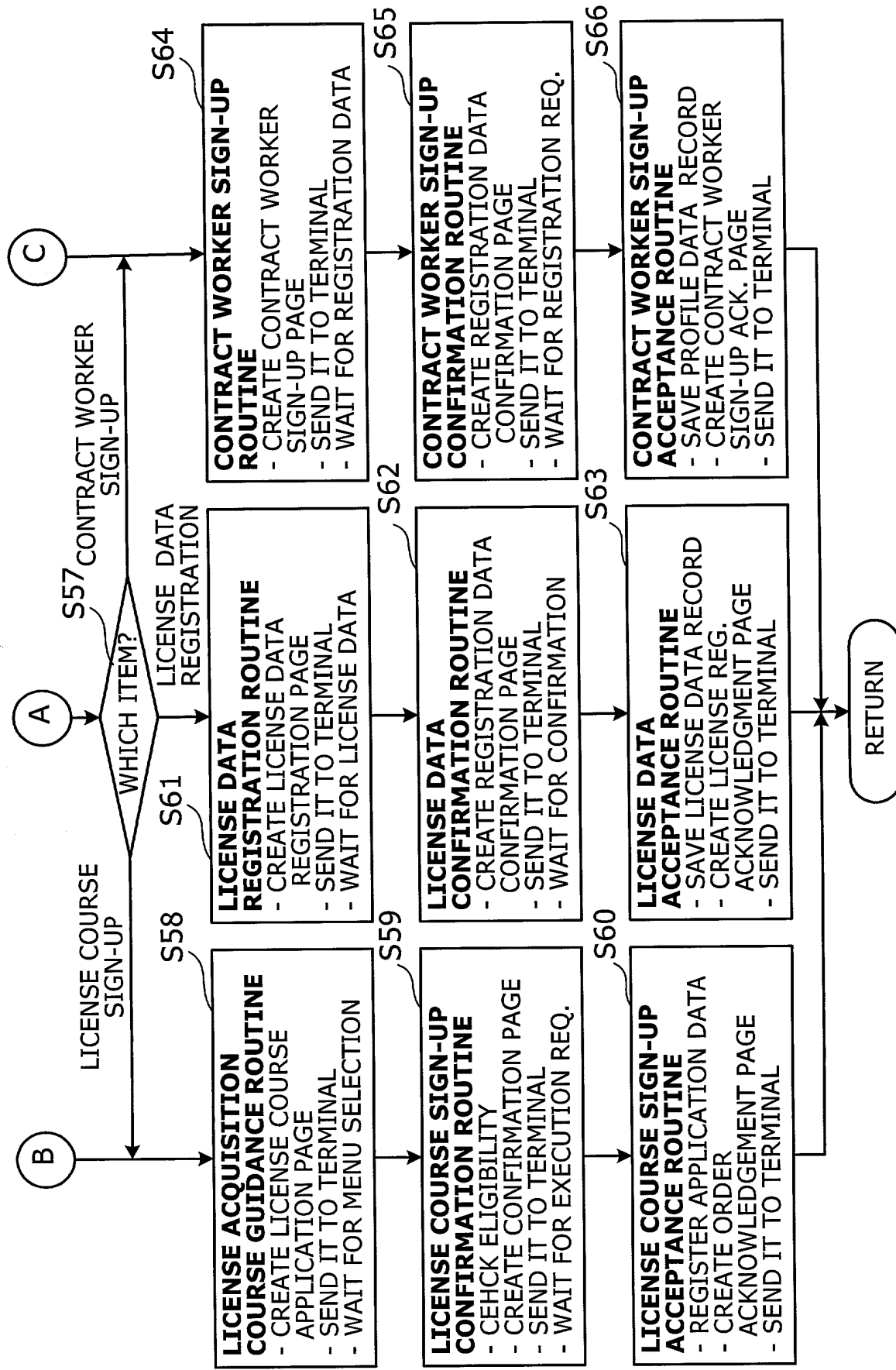


FIG. 31



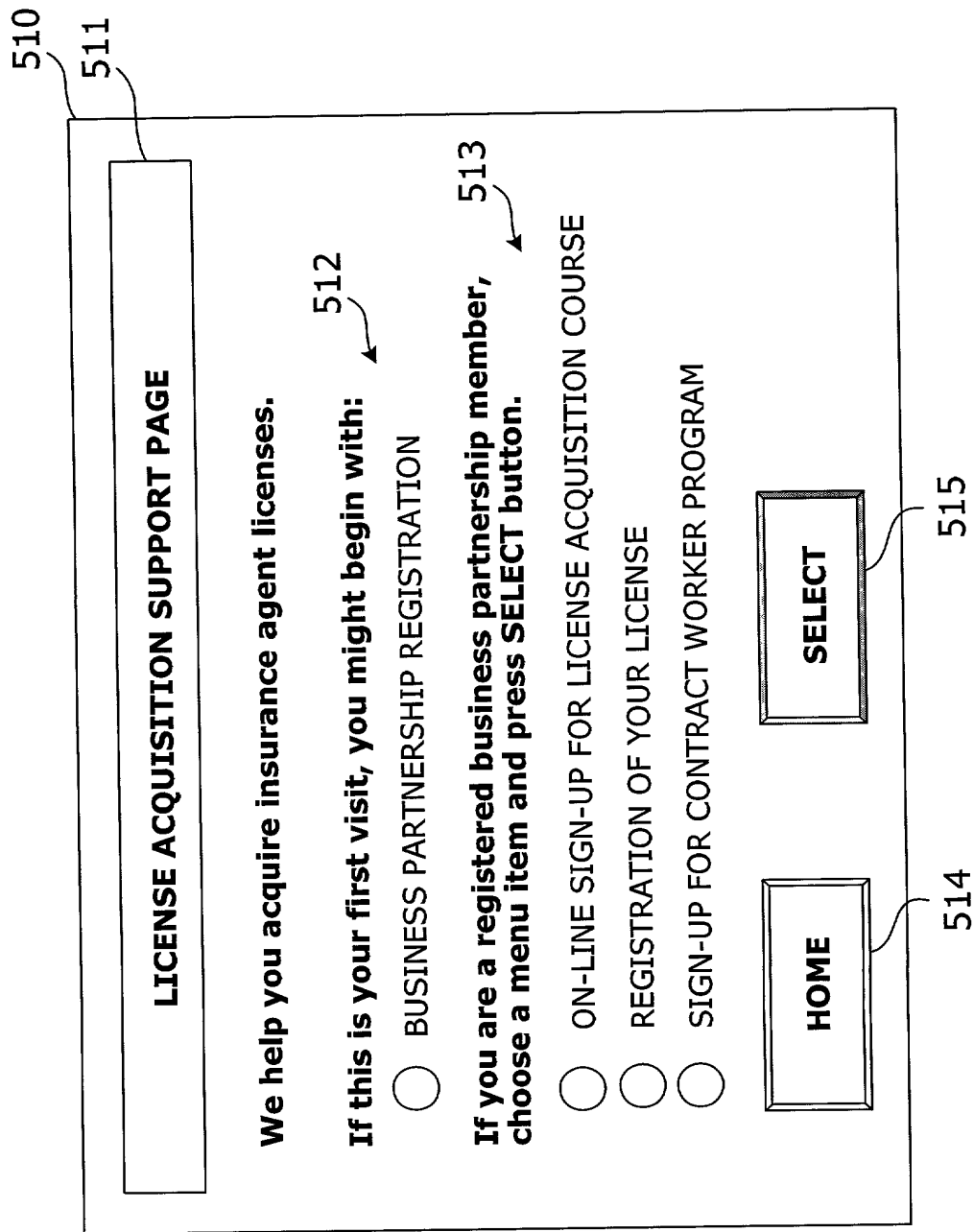


FIG. 33

520a

521a

BUSINESS PARTNERSHIP REGISTRATION PAGE

Please answer the following questions:

- Would like to enroll yourself as a business partnership member?

☒ YES ☐ NO

522a

- Do you have an insurance agent license(s)?

☒ YES ☐ NO

523a

HOME

OK

524a

525a

FIG. 34

521b

522b

	COURSE NAME	FEE	DURATION
<input checked="" type="radio"/>	PRIMARY COURSE	999999	1.5 WEEKS
<input type="radio"/>	INTERMEDIATE COURSE	999999	5 WEEKS
<input type="radio"/>	SENIOR COURSE	999999	5 WEEKS

HOME

SELECT

523b

524b

FIG. 35

520c

521c

LICENSE ACQUISITION SUPPORT PAGE

522c

Confirm your order and press OK button.

COURSE NAME	FEE	DURATION
PRIMARY GRADE LICENSE COURSE	999, 999	1.5 WEEKS

523c

PAYMENT CONDITION:

PAYMENT METHOD: MEMBER DISCOUNT

OK

524c

CANCEL

525c

FIG. 36

530

531

532

ORDER ACKNOWLEDGMENT PAGE

Thank you, John.
We have accepted your order.

- CUSTOMER NAME: JOHN DOE

- CUSTOMER CODE: C999999999

- CONFIRMATION CODE: R99999

- COURSE NAME: PRIMARY GRADE LICENSE
COURSE

- FEE: \$99, 999

- DURATION: 1.5 WEEKS

- PAYMENT CONDITION: MEMBER DISCOUNT

533

HOME

FIG. 37

520d

521d

522d

LICENSE ACQUISITION SUPPORT PAGE

Check your course description and enter your license data.

- COURSE PROVIDER: ABC CORP.

- COURSE NAME: PRIMARY GRADE LICENSE COURSE

- COURSE STARTED: YYYY-MM-DD

- PAYMENT CONDITION: MEMBER DISCOUNT

- LICENSER: 523d

- LICENSE GRADE: 524d

- DATE OF ISSUANCE: 525d
(YYYY-MM-DD)

526d

527d

BACK TO MENU

OK

FIG. 38

520e

521e

522e

523e

524e

525e

LICENSE ACQUISITION SUPPORT PAGE

Confirm your license registration data and press OK button.

- COURSE PROVIDER: ABC CORP.

- COURSE NAME: PRIMARY GRADE LICENSE COURSE

- COURSE STARTED: YYYY-MM-DD

- PAYMENT CONDITION: MEMBER DISCOUNT

- LICENSER: ABC CORP.

- LICENSE GRADE: PRIMARY

- DATE OF ISSUANCE: YYYY-MM-DD

OK

CANCEL

FIG. 39

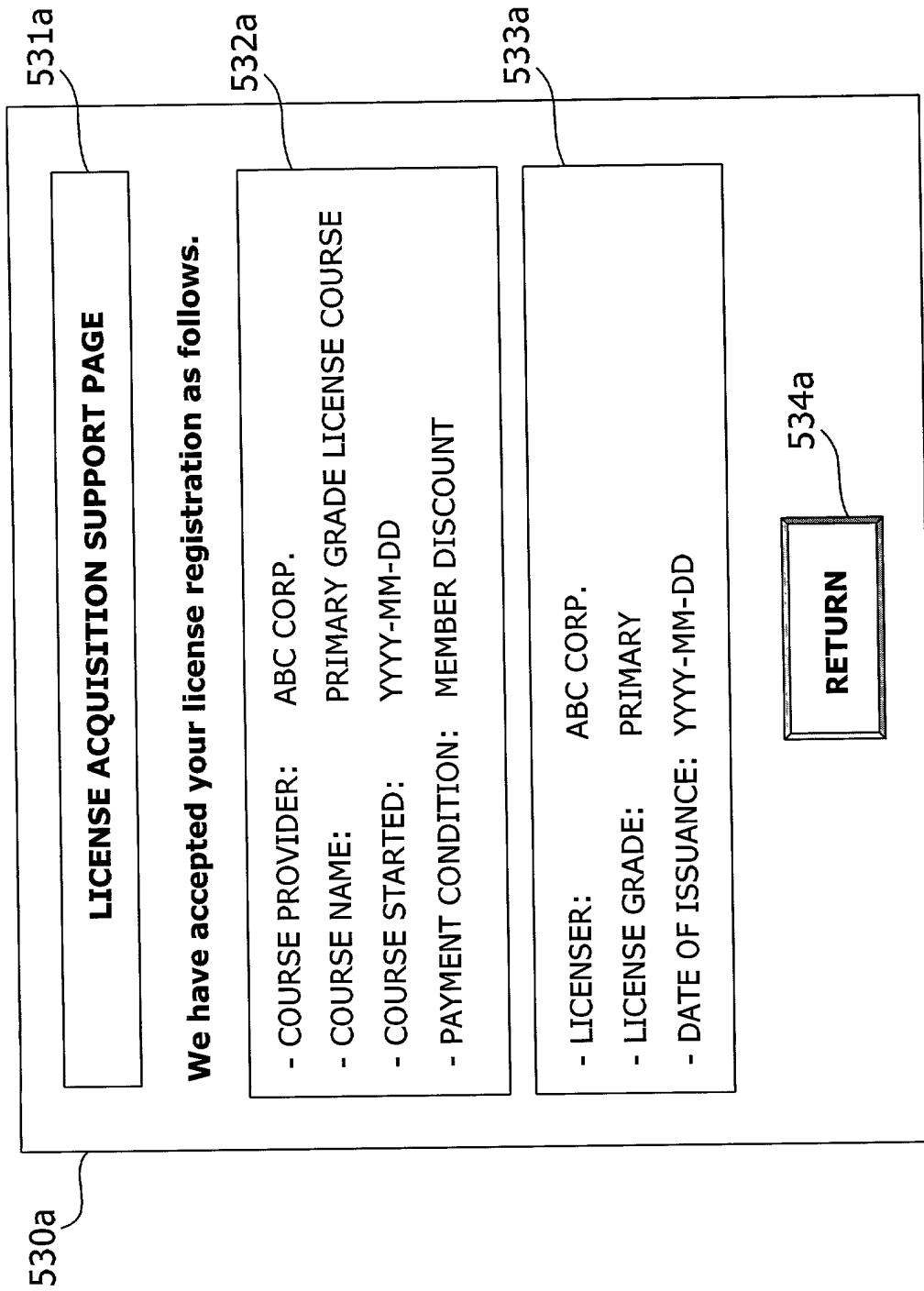


FIG. 40

520f

521f

**BUSINESS PARTNERSHIP SUPPORT PAGE
(CONTRACT WORKER PROGRAM)**

522f

**You are invited to our contract worker program.
If you hold an insurance agent license, register your license
data in this page.**

NON-REGISTRANTS OF BUSINESS PARTNERSHIP
MEMBERS WITH NO LICENSES
MEMBERS WITH NEW/ADDITIONAL LICENSE DATA TO REGISTER

- LICENSER:

523f

▼ ABC CORP.

524f

- LICENSE GRADE:

▼ PRIMARY

524f

- DATE OF ISSUANCE:
(YYYY-MM-DD)

525f

-

-

526f

BACK TO
MENU

527f

OK

FIG. 41

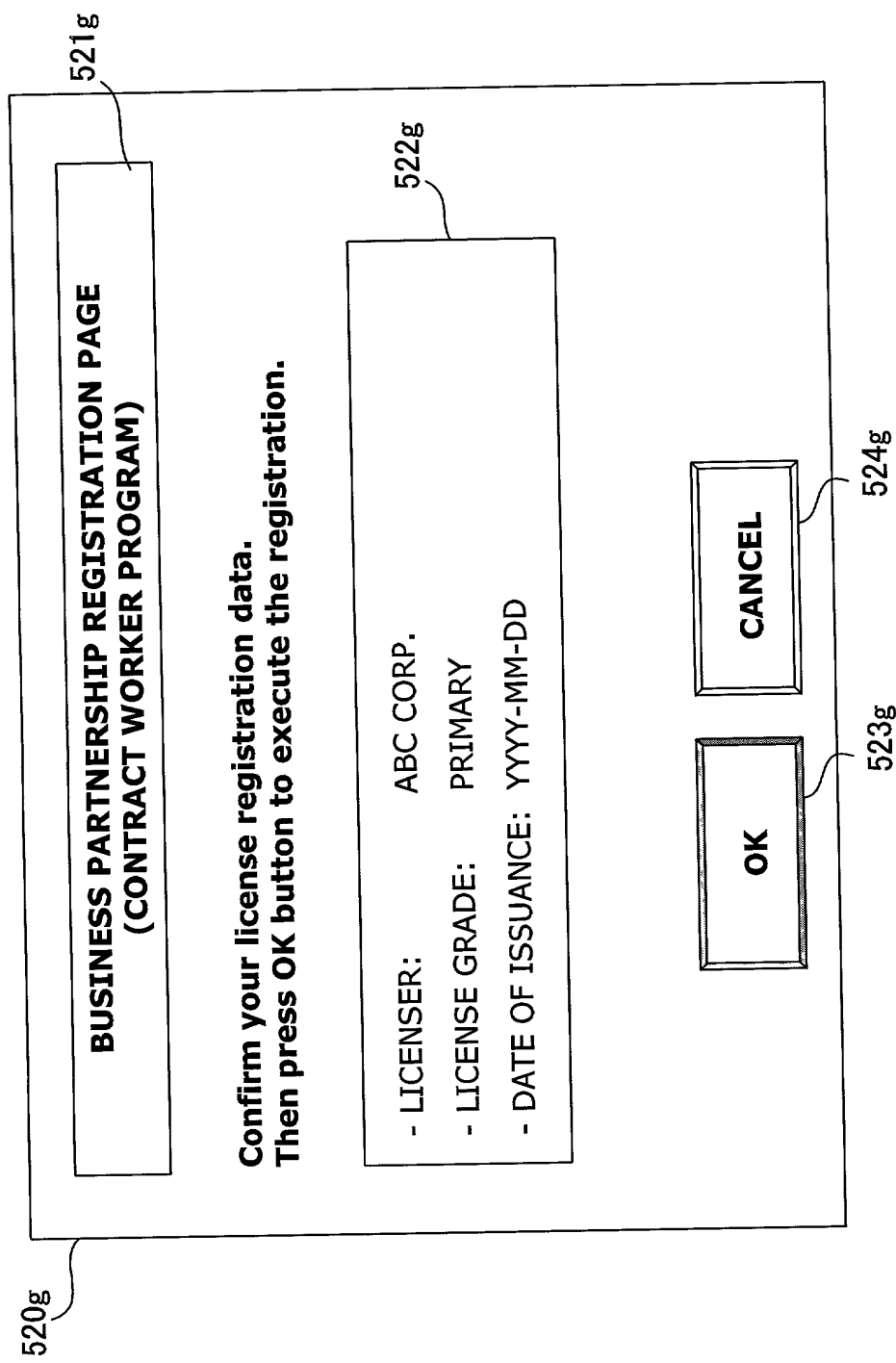


FIG. 42

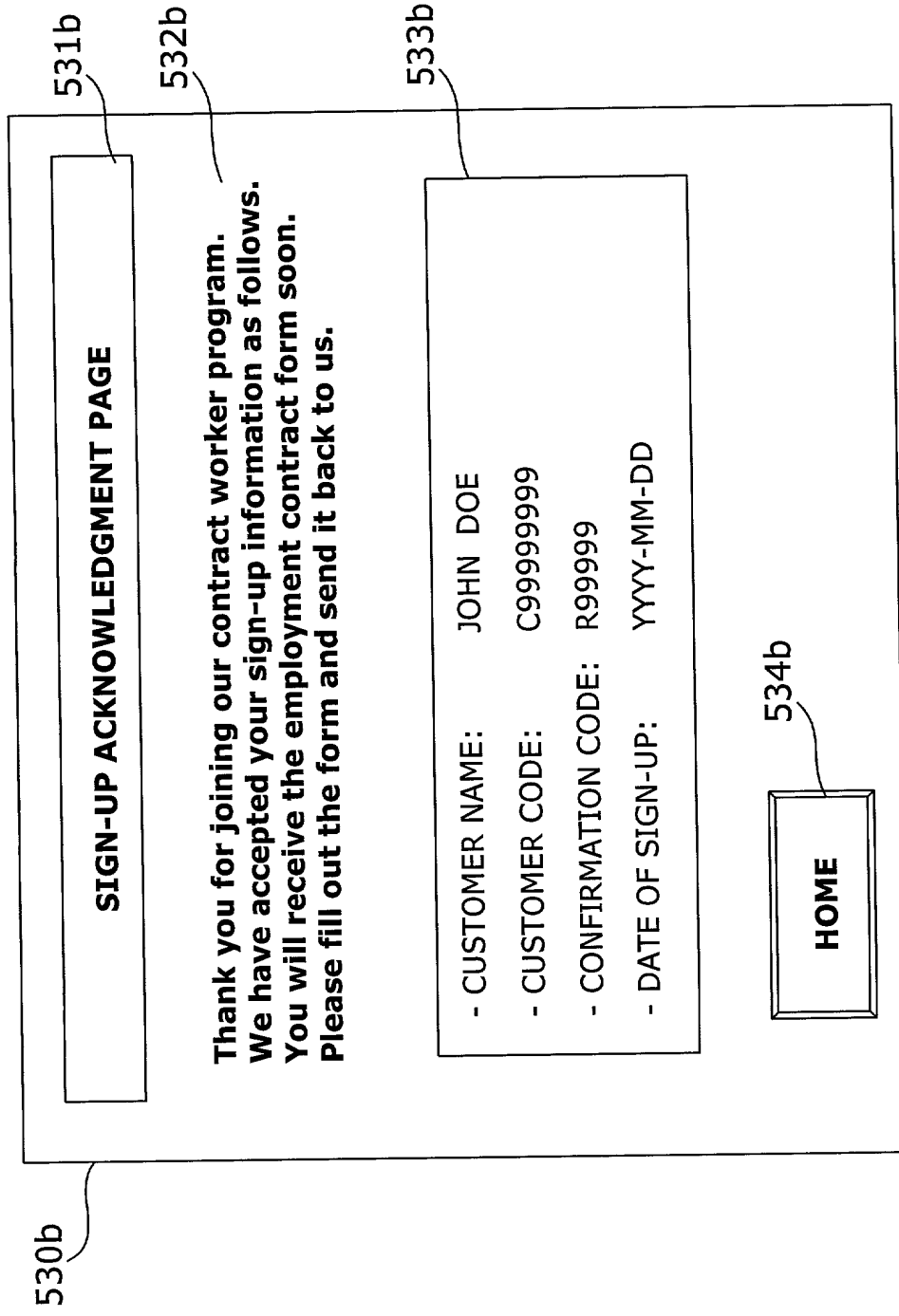


FIG. 43

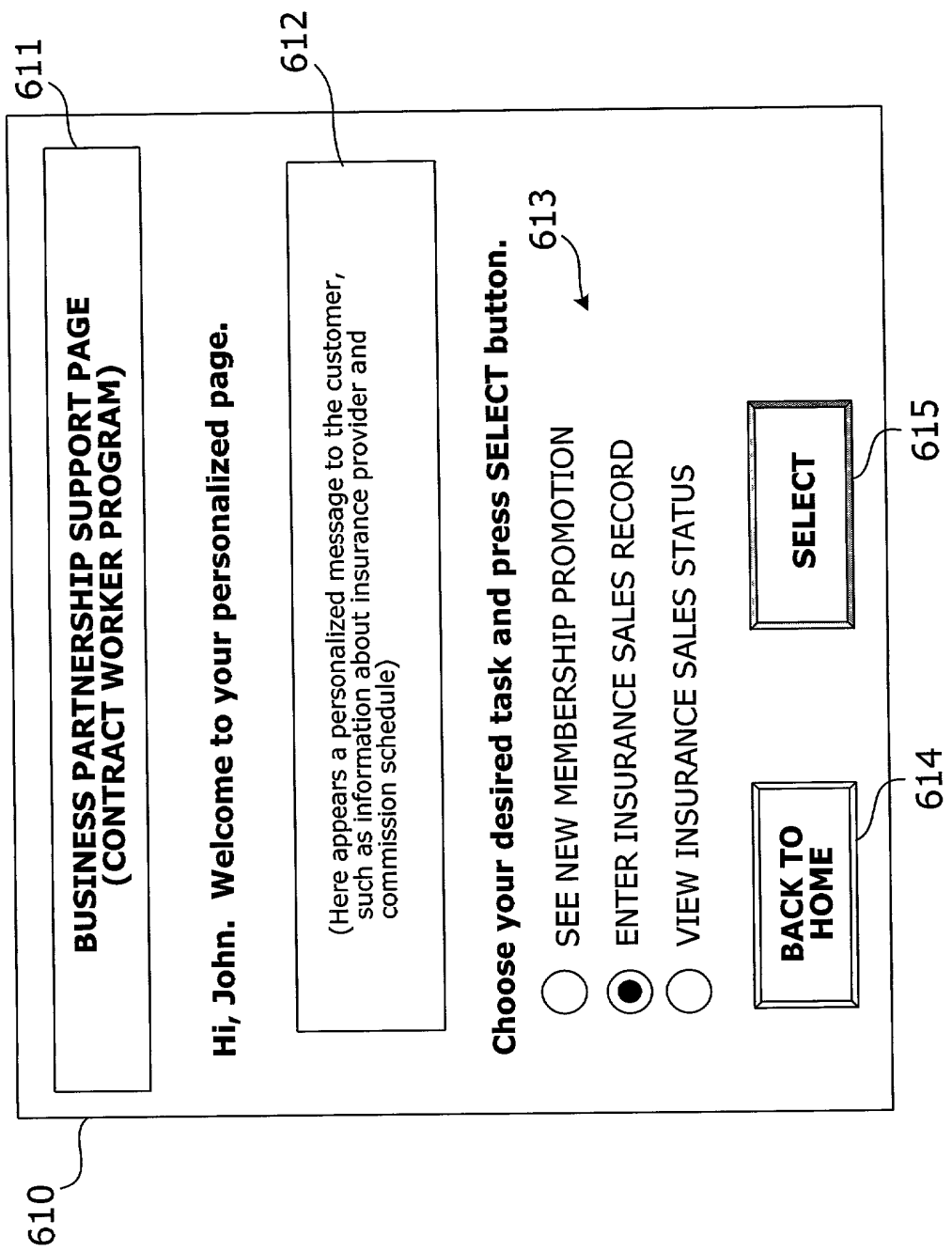


FIG. 45

620

621

**BUSINESS PARTNERSHIP SUPPORT PAGE
(CONTRACT WORKER PROGRAM)**

PURCHASER INFORMATION

622

FIRST NAME:
LAST NAME:

623

SEX ☒ MALE ☐ FEMALE

624

AGE

INSURANCE PACKAGE SOLD

625

☐ \$10,000 SINGLE PREMIUM
☐ \$20,000 SINGLE PREMIUM
☒ \$30,000 SINGLE PREMIUM

626

627

FIG. 46

**BUSINESS PARTNERSHIP SUPPORT PAGE
(CONTRACT WORKER PROGRAM)**

**Enter the buyer's name and press
OK button for registration.**

FIRST NAME:

LAST NAME:

OK

CANCEL

PACKAGE SPECIFICS

PACKAGE: \$30,000
SINGLE PREMIUM

SEX: MALE
AGE: 50s
PREMIUM: \$99,999

FIG. 47

640

641

BUSINESS PARTNERSHIP SUPPORT PAGE
(CONTRACT WORKER PROGRAM)

Don't forget to mail us the application form.

642

- YOUR CUSTOMER'S NAME: XXXX YYYY

- CUSTOMER CODE: C99999999
(PROVISIONAL ID)

- CONFIRMATION CODE: R99999

643

- PARTNERSHIP MEMBER NAME: JOHN DOE

- CUSTOMER CODE: C99999999
(PROVISIONAL ID)

- CONFIRMATION CODE: R99999

644

CONTRACT DETAILS

INSURANCE \$30,000
PACKAGE: SINGLE PREMIUM

SEX: MALE

AGE: 50

PREMIUM: \$99,999

645

HOME

FIG. 48

650

651

**BUSINESS PARTNERSHIP SUPPORT PAGE
(CONTRACT WORKER PROGRAM)**

652

- NUMBER OF INSURANCE COMPANIES: 1
- NAME OF INSURANCE COMPANY: ABC CORP.

653

YOUR SALES TRACK RECORD: JANUARY 2000

INSURANCE PACKAGE	SEX	AGE	INSURANCE PREMIUM	CUSTOMER NAME	CONFIRMATION CODE	PROGRESS STATUS
\$30,000 SINGLE PREMIUM	MALE	50	\$99,999	XXXX	R999999	PAID
\$10,000 SINGLE PREMIUM	FEMALE	50	\$99,999	XXXX	R999999	FORM RECEIVED
\$20,000 SINGLE PREMIUM	MALE	50	\$99,999	XXXX	R999999	UNPAID

654

HOME

655

RETURN

FIG. 49

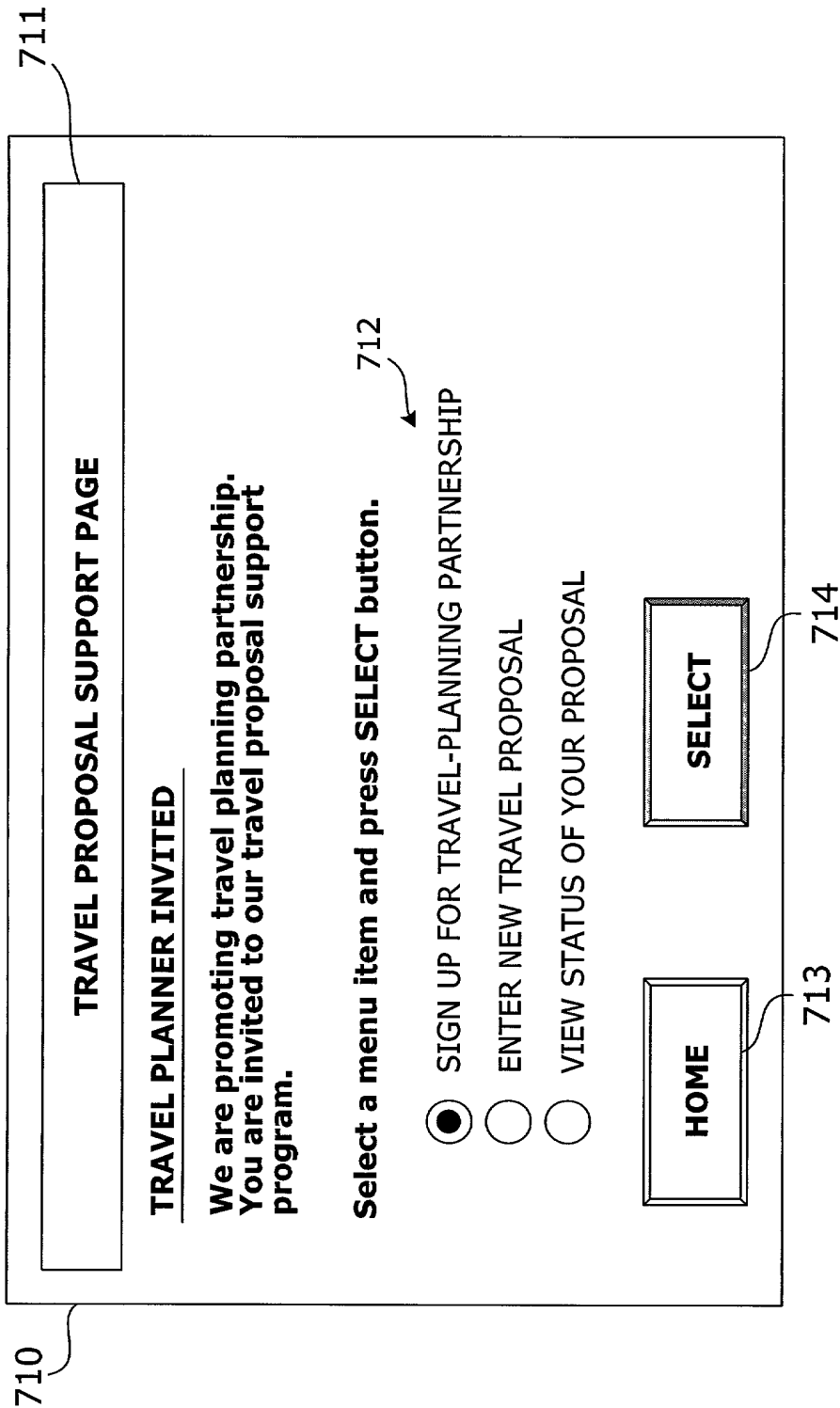


FIG. 51

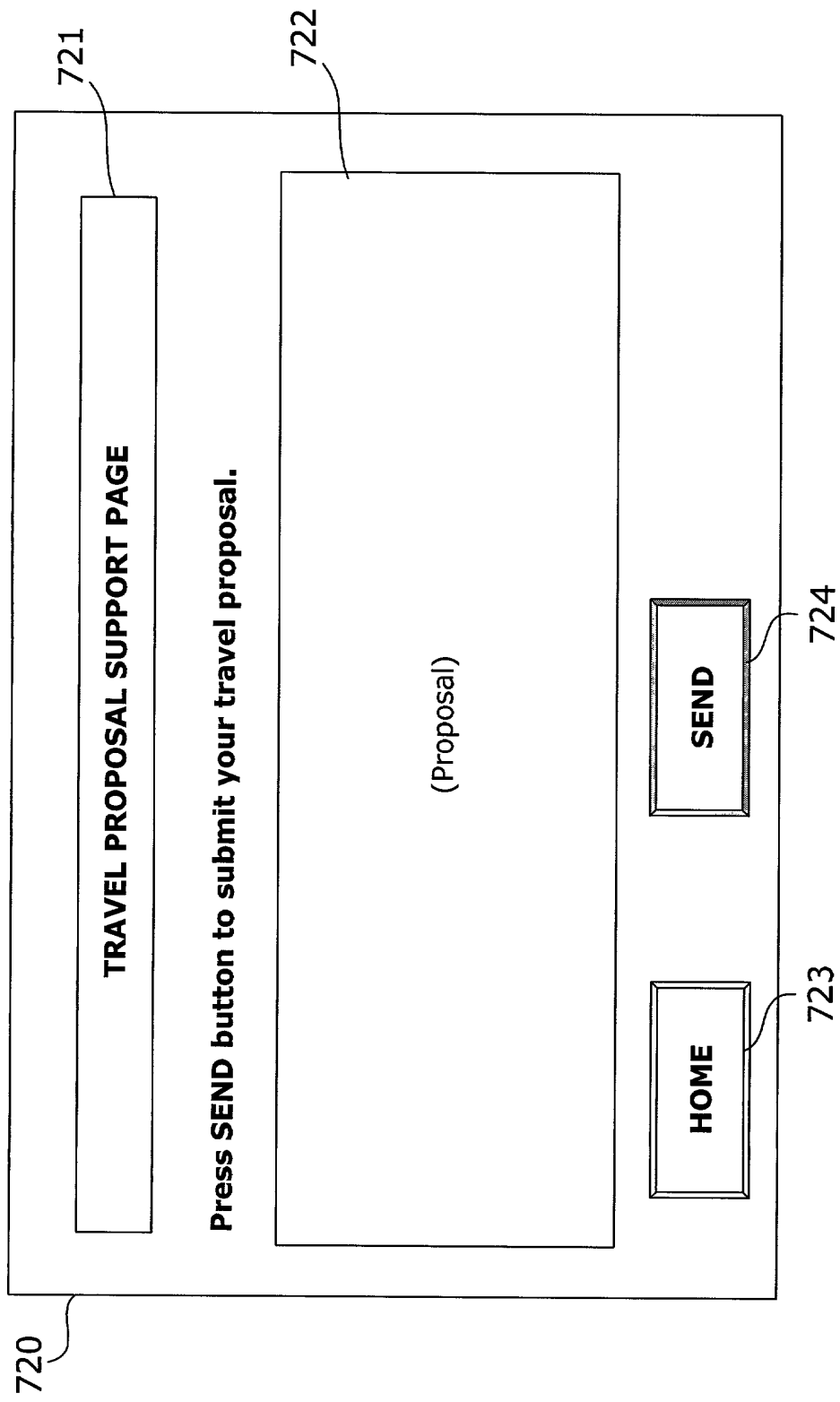


FIG. 52

800

810	PLANNER	811				
		NAME				
		ADDRESS	812			
		PHONE	813			
		FACSIMILE	814			
		E-MAIL	815			
820	PROJECT NAME					
830	KEY CONCEPT		841a	841b	841c	841d
840	DETAILS OF PROPOSAL	PERIOD	PLACE TO VISIT	LODGING	REMARKS	
		TRAVEL ITINERARY	841			
		ASKING PRICE	842	843a		
		PRIMARY MARKET	843	SALES PROSPECTS		
		REASON	844			
850	COMMENTS					

FIG. 53

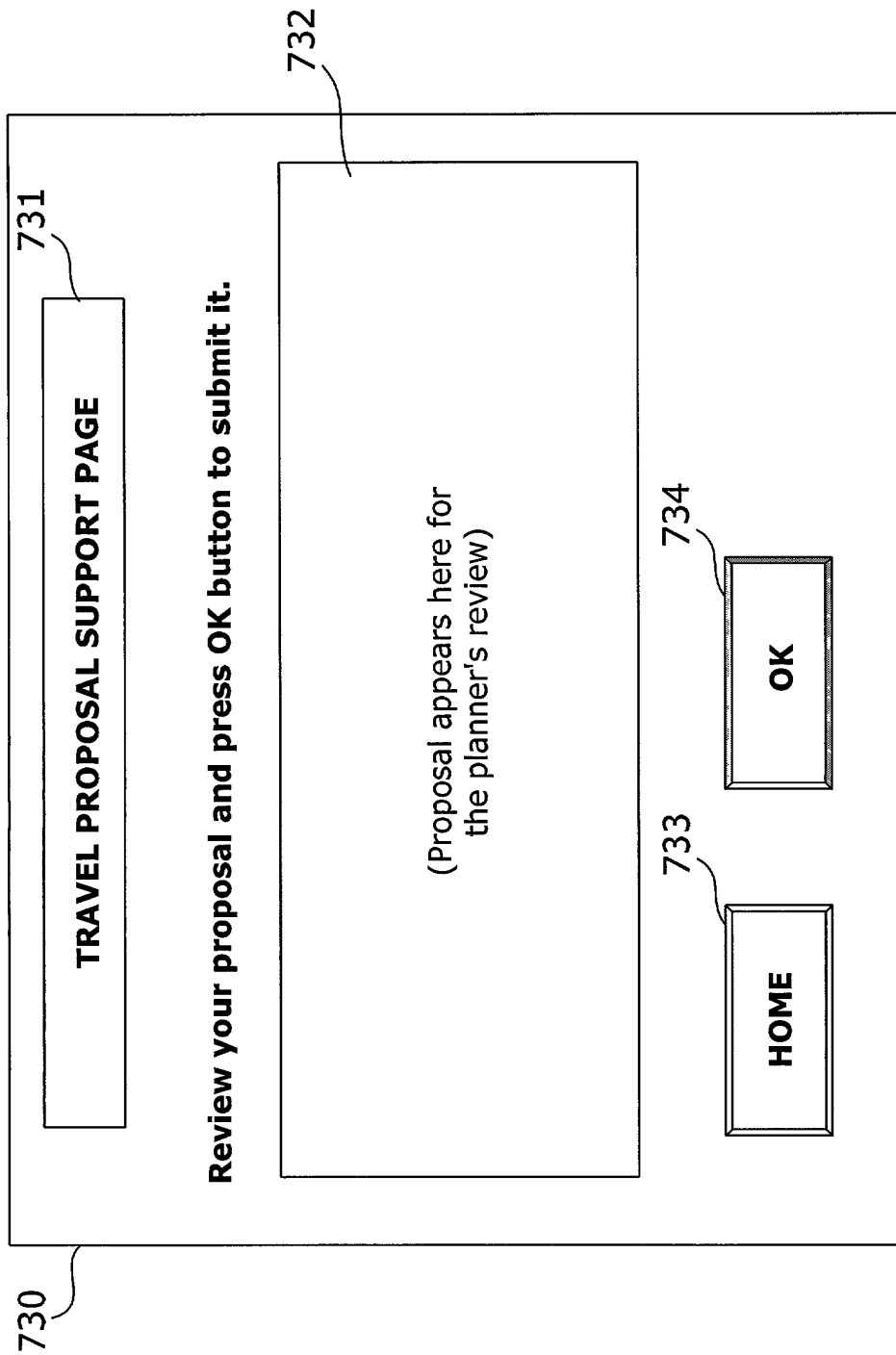


FIG. 54

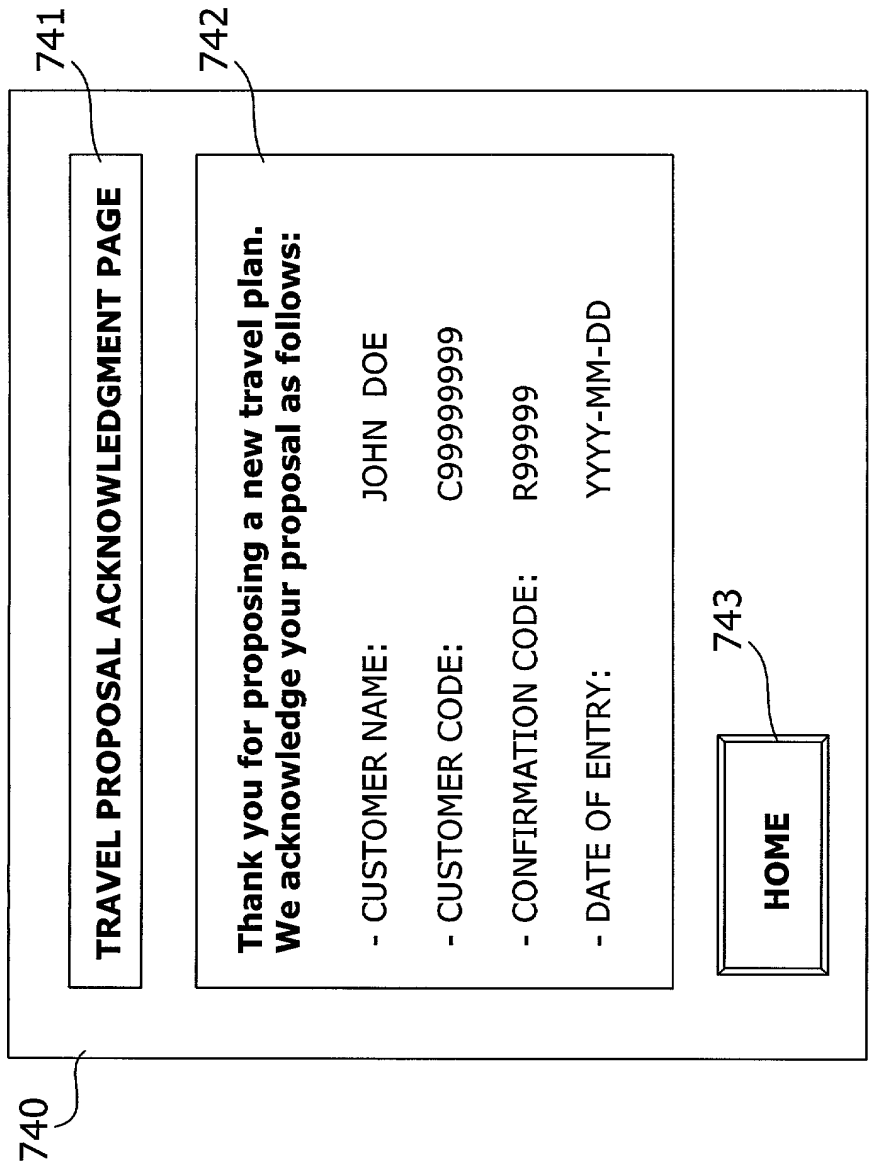


FIG. 55